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of certificate.

See Instructions on back

Every item CAUSE OF

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PARENTS

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state

PHYSICIANS should of OCCUPATION IS

3 SEX

7 AGE

DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or

particular kind of work

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

14 THE ABOVE IS TRUE

(Informant)

13 BIRTHPLACE OF MOTHER (State or country)

OF FATHER (State or country)

(b) General nature of Industry. business, or establishment in

which employed (or employer) .....

RECORD

1 PLACE OF DEATH 13 acts County..... Village or City.

PERSONAL AND STATISTICAL PARTICULARS

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

...Ward)

Ilf death occurred to a hospital or institution, give its NAME instead of street and number.]

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L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Shut 5 single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from	
Month  (Day (Year)     1882	that I last saw har alive on 150 1913 and that death occurred on the date stated above, at 1,40 Pm The CAUSE OF DEATH* was as follows:	
J.C.	(Juliusnay Ruborulos	
Joseph Justy,  of In  yor)  Mayor)  Mayor  Fras Q, Ekas  John and  AE Statta Frickett  Intry)  Mayor  Mayor	(Signed) (Buration) yrs mos ds.  Contributory Secondary  Lower (Duration) yrs mos ds.  (Signed) Thurst and (Buration) yrs mos ds.  (Signed) M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residents  Af place in the of death yrs. mos. ds. State yrs, mos. ds.	
June C. Soldans  Vinto march me	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
1972 S. F. H. Grrauch REGISTRAR	20 UNDERTAKER  Tras Caschania Guesting V. S. No. 1.	
, Police and Bird	barren, Legitesting v. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastcs (disease causing ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: The contributory (secondary or intercurrent) tctanus) may be stated under the head of (Recommendations on statement of death), 29 ds.;



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Instructions

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OCCUPATION

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or Institution. give its NAME lostead akhurs of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. 1915 WIDOWED, Manual
ORDIVERCED
(Write the word) (Month) (Day) (Year) I HEREBY CERTIFY. That I attended deceased from 17 6 DATE OF BIRTH (Year) (Month) (Day) 7 AGE if LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 BOCCUPATION (a) Frade, prefession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) .. Zroce Contributory exaus 9 BIRTHPLACE (Secondary) (State or country) land. (Duration) 10 NAME OF FATHER Na-14 , 1913. (Address). artina 11 BIRTHPLACE ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 1 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. (State or country) State \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_\_ Where was diseese contracted. If not at place of death?-Former or usual residence. 15 ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Frankfin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," 6

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosis of lungs, meninges, peritonaeum, etc...

cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. such, if impossible to determine definitely. mia," "PUZEPZEAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPEBAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." (Recommendations on statement of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia ter" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-The nature of the Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 4 1913



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-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS See instructions on back of certificate. Important. N. B.

PLACE OF DEATH 15138	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Inglys ville (No	St.; Ward)  St.; Ward)  [It death occurred In a hospital or Institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Color or RACE MARRIED, Widow OR ON	16 DATE OF DEATH  (Month)  (Day)  (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw halive on
7 AGE   It LESS than 1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at
(a) Trada, profession, or particular kind of work  (b) General nature of Industry, business, or establishmant in which employed (or employar)  Performance (State or country) Lucyluys wilk Bato Co	Contributory (Secondary)
OF STATER HENRY Ayers  11 BIRTHPLACE OF FATHER (State or country) Balls Cy  12 MAIDEN NAME OF MOTHER Jane Ayers	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Balts Co	At place in the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Teles After A	Where was disease contracted, It not at place ot death?
(Address) Bauldinin Paltico	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MAT Joy Cem Long Green , 191
Filed Dec 3, 1913 f. J. Payne REGISTRAR	20 UNDERTAKER ADDRESS Seven Breen

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer—('oa) "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it/should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not statement. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician; Compositor, Architect, Locomotive engincer, For many occupations a single word or term on the ness of various pursuits can be known. (h) Spinner, trocery; (a) Foreman, (b) Automobile factory. The Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," The question For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherta (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unquallified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarrlage. as etc., when a definite disease can be ascertained as tha mus," "Old Age," "Shock." 'Traemia," "Weakness," -hart failure," "Haemorrhage," "Inanition," "Maran "Collapse." "Coma," "Convulsions," "Debility" ("Conthonla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomcucla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accimere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig The contributory Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," "PUERPERAL scptichae-(name origin; "Can-Examples:



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OCCUPATION RECORD statement Exact classified. properly pe may 9 back terms, 0 plain Instructions 2 of Infor Item OF Important. Every It œ

STATE OF MARYLAND CERTIFICATE OF DEATH Gounty..... Registration Dist. No. Ilf death occurred in St.:....Ward) a hospital or institution. give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Dav) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended degreesed from 8 DATE OF BIRTH ased wo that I last saw h ..... alive on (Year) (Month) (Day) M. Comach if LESS than 7 AGE and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? mus. ds. 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment (Buration which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER S (Address) 11 BIRTHPLACE ARENTS OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. 0 OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER of death ...... yrs. ..... mos. ..... ds. State Where was disease contracted. KNOWLEDGE If not at place of death? Former or (Informant) usuai residence. 19 PLACE OF BURIAL OR REMOVAL QATE OF BURYAL ., 191 3 40 UNDERTAKER

If more blanks are needed, address State Regis trar, 6/E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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childbirth or miscarriage. as "Turreral septichae mus," cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide: Polsoned such, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the -Kart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Old Age." "Shock." 'Traemia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," \_\_ (name origin; "Can-State cause for Examples:



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! PLACE OF DEATH Village or City Marrell Paul (No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;.. .Ward) [If death occurred ia a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX 4 COLOR OR RACE SINGLE, MARRIED WILLIAM WILLIAM ORDIVORCED ORDIVORCED	18 DATE OF DEATH (Month) (Day), 1913 (Month) (Day)	
**BDATE OF BIRTH Musely 9, 1888  (Month) (Day) (Year)	that I last saw here alive on Nov 8, 1913	
7 AGE  1 If LESS then 1 day,hrs. ORmln.?  8 OCCUPATION (a) Trade, profession, or particular kind of work	and that death occurred on the date stated above, at Am, The CAUSE OF DEATH * was as follows:	
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs 3 mos 24s.  Contributory (Secondary)	
(State or country) Ballo Cery  10 NAME OF FATHER WWW R. Lywels,  11 BIRTHPLACE OF FATHER (State or country) Ballo Co  12 MAIDEN NAME OF MOTHER AND CONTROL OT MOTHER AND CONTROL	(Signed) , 193 (Address) , M. O.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUBY; and (2) whether ACCIDENTALL, SUICIDAL, or HOMICIDAL.	
OF MOTHER Sebellar Layler  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds. State yrs, mos ds. Where was disease contracted, If not at place of death? former or usual residence	
(Address) Newrese Pour Filed Mr. 1913 7 Pagestran	19 PLACE OF BURIAL OR REMOVAL  Mr Oliver Cem nov 18, 1913  20 UNDERTAKER  Now Cool Backo Cu	

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative leafthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

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V. S. No. 1.

N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

15141			
PLAGE OF DEATH	STATE OF MARYLAND		
county Salus	CERTIFICATE OF DEATH		
	Registration Dist. No.		
Village or City 1955 (No. (No.	St.; Ward)  [if death occurred in a hospital or institution, give its NAME instead		
FULL NAME	1 Davien feldstreet and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
SEX  4 COLOR OR RACE  MARRIED, WIDOWED, ORDIVORCED Write the word)	18 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from		
DATE OF BIRTH	, 191, to		
(Month) (Day) (Year)	that I last saw halive on, 191		
AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, atm,		
yrs. mos. ds. OR. min.?	The CAUSE OF DEATH* was as follows:		
OCCUPATION  (a) Trade, profession, or particular kind of work	Stursut		
(b) General nature of industry, business, or establishment in which employed (or employer)			
(State or country)	(Secondary)  A. (Ouration)		
10 NAME OF STATES	(Signed) Cuase N.D.		
11 BIRTHPLACE	11/13, 1913 (Address) Processes		
OF FATHER (State or Culatry)	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
of Mother Clarater Tool	THE THE THE PRESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,		
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs, mos ds		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease confracted, If not at place of death?		
(Informant) Santenfeld	Former or usual residence		
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
Filed Nov. 12 1913. W. F. Clayton.	20 UNDERTAKER STORY ADDRESS		
If more blanks are needed, address State Regis trar, 6	E Prophilip St. Palto Poquesting V. S. V.		
it more blanks are needed, address brate negla trat, o	w. Claubin St., Dailo., Requesting V. B. NO. I.		

[Approved by U. S. Census and American Public Health Association.]

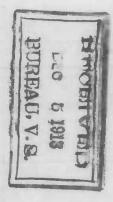
CAUSING DEATH, state occupation at beginning of IIIwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman As examples: For persons

Statement of cause of death—Name, first, the disease causing death—In all respect to the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) sepsis, tetanus) such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOWICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for male oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) "Old Age," "Shock," 'Traemla," "Weakness," Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion, "PUERPERAL \_ (name origin; "Can Never report Examples: septichac-FOF VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 5 1913



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state

3 SEX

7 AGE

ENT

AR

15

8 DATE OF BIRTH

BOCCUPATION (a) Trade, profession, er

particular kind of work

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER

12 MAIDEN NAME

13 BIRTHPLACE

14THE ABOVE IS

OF MOTHER

OF MOTHER (State or country

(b) General nature of industry.

business, or establishment in

which employed (or employer) -----

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

5 SINGLE.

MARRIED, WIDOWED,

(Write the word)

(Day)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No Ilf death occurred in a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 1913 (Month) (Day HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at The CAUSE OF DEATH\* was as follows: Contributory. (Secondary) Through and (Signed) 201 (Address) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death \_\_\_\_\_ yrs. .... mos. .. State ..... Where was disease contracted. If not at place of death? Former or usuai residence DATE OF BURIAL BURIAL OR REMOVAL 20 UNDERTAKER

If LESS than 1 day, .....hrs. OR ..... min. ? REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Censns and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers material worked on may form part of the second the nature of the business or industry; and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, It should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," If the occupation has Farmer or Planter, For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death all respect to the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pheumonia; Bronchopheumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc... Carcinologies of lungs, meninges, pertionaeum, etc... Carcinologies.

cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head lnjury, as fracture of skuil, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purreral scotichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senlle," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg ture of the American Medical Association.) Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Surcoma. etc., of The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Examples: For VIO-

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DEC 4 1913



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should is OCCUPATION RECORD Exact statement PERMANENT EXACTLY classified. pe properly AG supplied. piain Instructions of Inform DEATH item CAUSE OF Every

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No. fit death occurred in a hospital or institution give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 6 SINGLE, 16 DATE OF DEATH 4 COLOR OF RACE MARRIED. 191: WIDOWED. (Month) (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 191....., to..... that I last saw h..... alive on ....., 191 (Month) (Day 7 AGE It LESS than and that death occurred on the date stated above, at ..... 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) ...yrs......ds. which employed (or employer) ... BIRTHPLACE Contributory. (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country in the of death ..... yrs. .... mos. .... ds. State ..... yrs. \_\_\_\_ mos. ... Where was disease contracted. If not at place of death?. Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 16 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially ln Industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSINO DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, Who are engaged in the statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indithus: Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," "Foreman,"

CAUSING DEATH (the primary affection with respect to pneumonia"); Lobar pneumonia; Bronchopncumonia "Croup";) term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted ("Pneumonia," fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc., meningitls"); Typhoid unqualified, is indefinite): Tubercufever (never report "Typhoid Diphtheria (avoid use Carcin-

> nant neoplasms); Measles; Whooping cough; Chronic mus," "Old Age," "Shock," "Uraemia," "Weekness," thenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, AOT HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility", ("Con-Bronchopneumonia (secondary), 10 ds. ample: ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



should OCCUPATION PHYSICIANS statement PERMANENT Exact classified. pe pinous properly AGE INKpe supplied UNFADING may certificate. carefully that It 80 ō back terms, should UO DEATH in plain Instructions Information of Item OF Important. Every It

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No It death occurred in St:----Ward) a hospital or institution, give its NAME lostead of streef and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCED I HEREBY CERTIFY. That I attended deceased from 8 DATE OF BIRTH (Year) (Month) (Day) 7 AGE If LESS than f day, hrs. nessheat BOCCUPATION (a) Frade, prefession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) / O yrs. which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS ۵. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country usual residence. 15 20 UNDERTAKER

If more hlanks are needed, address State Begis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal cated thus: Farmer (retired 6 yrs.). For persons should be taken to report specifically the occupations duties of the household only (not paid Housekcepers (a) Spinner, (b) Cotton mill; (a) Salesman, Groccry; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has "Foreman," (6)

Statement of cause of death—Name, first, the dibease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dipneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage, as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of \_ ture of the American Medical Association.) cause of death approved by Committee on Nomenclawhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mally The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 ds.; "Exhaustion," Examples: For VIO-

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DEC 5 1913



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13 BIRTHPLACE

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OF MOTHER (State or country)

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No.... [If death occurred in St.;....Ward) a hospital or institution. give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Month) (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: OR .... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (Secondary) (State or country) 1D NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS

OR RECENT RESIDENTS)

At place ot death ...... yrs. mos. ..... ds. State Where was disease contracted.

It not at place of death?.

usual residence.

Cella Elmeter	DATE OF BURIAL
	hov 14, 1913
20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations CAUSING DEATH, state occupation at beginning of liibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healtbfulwho have no occupation whatever, write None. (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, For persons 9

Ststement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purreral scotichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," "Contributory." scpsis, tctanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viothenla," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convuisions," "Debility" ("Conaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of \_\_ ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Hart failure," "Haemorrbage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never repor ampie: Measles (disease causing valvular heart disease; Chronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for mails The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.: State cause for Examples:

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PLAINLY, WITH

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

PLACE OF DEATH 15146  County Gallo	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 22.
Village or City Arlugion (No. 2)	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, windship of the word)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	Mr 25 1913 to Same Late, 1918,
(Month) (Day (Year)	that I last saw have alive on YU- 25 , 1915
7 AGE If LESS than f day, so hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	Cremature births, at 42 mos.  (Duration) yrs. mos. ds.
State or country) Orlington und	Secondary (Duration) yrs mos ds.
19 NAME OF Winfield Director	(Signed) le B. Euro , M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Rush ten  13 BIRTHPLACE OF MOTHER (State or country)  Permulvania	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs mos ds. State yrs mos ds
(Informant) Summer OF THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual rasidence.
(Address) G Hayand are  16 Filed lor. 26 1913 Have a luctor  Registran	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  LONGLINE Complete Nov. 2 >, 1813  20 UNDERTAKER  ADDRESS  ADDRESS
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. . The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, been changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, thus: If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," write None. As examples: "Foreman,"

icsis of lungs, meninges, peritonaeum, etc., pneumonia"); "Croup";) prospinal term for the same disease. Examples: Cerebrospinal time and causatiou), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria (avoid use of Typhoid fever (never Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): report "Typhoid Tubereu-Carcin-

> mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronie ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Courulsions," "Debility" ("Conaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cangenital," "Seuile," etc.), "Dropsy," "Exhaustion," theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. is less defluite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HEC 4 1913



N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

V. S. No. 1.

	PLACE OF DEATH 15147	STATE OF MARYLAND
60	Baltimore Co. 1	CERTIFICATE OF DEATH
Co		Registration Dist. No
Vi	liage or City Colgate Md (No.	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	FULL NAME.	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE  SINGLE SINGLE  MARRIED.  MIDOWED, the late  MIDOWED, OR DIVORCED  OR DIVORCED	16 DATE OF DEATH  (Month)  (Day)  (Year)
8 0.0	TE OF BIRTH	Acar 1 2 Acar 1 7
	(Month) (Day) (Year)	that I last saw h & alive on 100 14 ,1913
7 AG		and that death occurred on the date stated above, at Them.
	1 day,hrs.	The CAUSE OF DEATH* was as follows:
	yrs. mos. ds. or min.?	Chronis Bronalis
	Trade, profession, or	Mennonia
par	licular kind of work	
	General nature of industry, ness, or establishment in	(Ouration) yrs. mos. //ds.
-	ch amployed (or employer)	Contributory / Des bir a toma Will a
9 BI (St	RTHPLACE ate or country)  Acrimination	(Secondary)
	10 NAME OF FATHER PROPERTY Chia	(Signed)
S	11 BIRTHPLACE	Mr. 16 , 1913 (Address) 2 00 C Sach W.
ARENT	OF FATHER (State or country) Ger must	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
AF	OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS)  At place In the of death yrs
14 7	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	11/2 1 10 6 () 1	Finot at place of death?
1	Informant) John John John John John John John John	usual residence
	(Address) bolgate for	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	a sugarofan 1	Souden burk Nov 17, 191 ?
FII		20 UNDERTAKER 40 ADDRESS
	REGISTRAR	Louis Heemann 328 Broad
	If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: childbirth or miscarriage, as "Purspenal scptichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "A" Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for mails The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," "Traemia," "Weakness," (name origin; "Can



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, the nature of the business or industry, and therefore an For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In always the same accepted the same and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid differemonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head "Contributory." (Recommendations on statement injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably sulcide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puterperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic Bronchopneumonia (secondary), 10 ds. oma. Sarcoma. etc., of er" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-The nature of the Never report



#### BINDING FOR RESERVED MARGIN

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Every Item of Information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 WITH UNFADING INK-THIS IS WRITE PLAINLY, ż

STATE OF	M	ARY	LAND
CERTIFICAT	ГЕ	OF	DEATH

Co	PLACE OF DEATH 15149	STATE OF MARY CERTIFICATE OF	
	of Cedenoral 1	Registered	No
Vi	2 FULL NAME 4/2 Turo Floritus of & S	Almort St.; Ward) Briocor	[It daath occurred I a hospital or Institution giva its NAME instea of straet and numbar.]
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF I	DEATH
3 SE		16 DATE OF DEATH Down Kum (MODTh)  17 I HEREBY CERTIFY, That I at	(Day) (Year)
6 D/	TE OF BIRTH Mr 3 1913	. 191 10	, 191
	(Month) (Day) (Year)	that I last saw h allys on	, 191
7 AG	# 4/2 mes Still Gern # 1 day hrs.	and that ceath occurred on the date stated ab The CAUSE OF DEATH* was an follows:	ove, atm
(n) par (b)	CCUPATION Trada, prefassion, or flowe floular kind of work.  Ganeral natura et industry, nass, or astablishment in	Mo (Quration)	yrs. mos. di
	RTHPLACE ate or country) Geduronth Lucius	Contributory(Secondary)	wre mae di
	10 NAME OF JAPPrococy	(Signad) Le 1/ Bock Fin 4, 191 3 (Address) Crons	mes . W. O
ENTS	11 BIRTHPLACE OF FATHER (State or country) Harybridge	*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and (TAL, SUICIDAL, or HOMICIDAL.	deaths from Violent 2) whether Acciden-
PAR	12 MAIDEN NAME Saphia Lee	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INCORP. RESIDENTS)	
	13 BIRTHPLACE OF MOTHER (State or country)  Maryland	at placa in the ot death yrs, mos ds. State	. yrs, mos, ds
	(Informant) A Nochman	Where was disaase contracted, it not at placa of daath?  Former or usual rasidence	
15	(Address) Disonie Built Co	N ( )	PATE OF BURIAL
15 Fil	ed Nov. 5, 1913 M. J. Porth	1417	DDRESS
	Kulany indi		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-losis of lungs, meninges, pertionaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage, as "PUTEPTERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is iess definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head Aiways qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 4 1913



RMANENT

OCCUPATION

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Item : OF

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RECORD

CERTIFICATE OF DEATH Registration Dist. No. It death occurred in a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, MANNIN WIDOWED, (Write the word) I HEREBY CERTIFY, That I attended deceased from 191..... to ... that I last saw h..... alive on (Day (Month) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at ... t day,....hrs. The CAUSE OF DEATH Awas as follows OR ..... ? BOCCUPATION (a) Trade, protession, or 4 ouse particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) .. certificate. 9 BIRTHPLACE Contributory. Secondary (State or country) falte ald. 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country In the of inform DEATH See instru ot death ..... yrs. .... mos. ... State ..... yrs. Where was disease contracted. It not at place of death?. Former or Every Item CAUSE OF Important. usual residence DATE OF BURIAL 15 ADDRESS REGISTRAR 403 D. WO If more blanks are needed, address State Registrar, 6 E Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necness of various pursuits can be known. The question should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

ineumonia"); Lobar pneumonia; Bronchopneumonia brospinal meningitis"); Diphtheria (avoid use term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to fover (the only definite synonym is "Epidemic cere-("Pneumonia," "Croup";) Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc., Typhoid unqualified, is indefinite): Tubercufever (never report "Typhoid Carcin-

> valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallssuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichac-mia," "Puerperal peritohitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. The contributory Always qualify aii diseases resuiting from Measles (disease causing death), 29 ds.; e American Medicai Association.) "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," The nature of the "Exhaustion," Never report For VIO-



RECORD

UNFADING INK-THIS WITH PLAINLY,

PHYSICIANS should state of OCCUPATION is very County.... Village or City Averle 2FULL statement PERSO PERMANENT EXACTLY. 3 SEX Exact stated 6 DATE OF BIRT classified. 4 TAGE /W/pinous properly AGE BOCCUPATION (a) Trade, profession particular kind of carefully supplied. (b) General nature pe business, or establ may which employed (or that it ma 9 BIRTHPLACE (State or countr 10 NAME OF of be back PARENTS 11 BIRTHPI terms, pinous OF FAT 0 12 MAIDEN of information s DEATH is plain OF MOT See Instructions OF MOTI WRITE 14THE ABOVE CAUSE OF Important. S Item (Intermant) CAUSE (Address). 15 00

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Mardi

[if death occurred in

JLL NAME Sianh B	a nospital or institution, give its NAME instead of street and number.]
RSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE  Single, MARRIED, WIDOWED, ORDIVDRED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY That I attended deceased from
IRTH Mukuowal	10V. 27 1913 to Mov 27 1913.
(Month)         (Day)         (Year)           1         1         LESS than 1         1         day,hrs.           yrs.         mos.         ds.         ORmin. ?	and that death occurred on the date stated above, at m.  The CAUSE OF DEATHY was as follows:
ession, or Oyster Shurous	- January -
ure of Industry, stablishment In (or employer)	(Duration) yrs. mos. ds.  Contributory (Secondary)
E OF Mackenson	(Signed) // H- Clay ou , M. D.
HPLACE FATHER e or country)  EN NAME MOTHER  MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
HPLACE OT COUNTRY MARKAGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
Policy Pokerb	if not at place of death?  Former or  usual residence
(Irerled	19 PLACE OF BURIAL OR REMOVAL 142 WHELE St 28, 1913
78,1913 Mfa (Haylan) REGISTRAR	John H. Toadin 142 wotcely
If more blanks are needed, address State Regis trar, &	F. Franklin St., Balto., Requesting V. S. No. 1.

No. i

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[Approved by U. S. Census and American Public Health Association.]

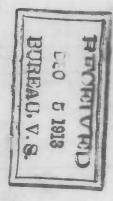
who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho receive Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the a definite salary), may be entered as Never return "Laborer," For persons "Foreman," (6)

losis of lungs, meninges, peritonaeum, etc.. pneumonia"); brospinal meningitis"); Diphtheria fever (the only definite synonym is "Epidemic cereterm for the same disease. time and causation), using aiways the same accepted causing pratti (the primary affection with respect to ("Pneumonia," unqualified, is indefinite); Tubercu Statement of cause of death-Name, first, the DISEASE Typhoid Lobar pneumonia; Bronchopneumonia fever (never report "Typhoid Examples: Cerebrospinal (avoid use of Carcin-

> mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Tuerperal septichacinus," "Old Age," "Shock." 'Traemia," "Weakness," genital," ture of the American Medicai Association.) cause of death approved by Committee on Nomencia. "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the -Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitlal nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing "Senile," (Recommendations on statement of may be stated under the head of terminal conditions, such as "Asetc.), or Homicidal, or as probably "Dropsy," (name origin; "Can. death), 29 ds. "Exhaustion," Examples: For vio-

If this certificate is looked over thoroughly and all gnestions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 5 1913



OCCUPATION RECORD MANENT 2 L. AGI o of information s DEATH in plain See instructions 40 Every item CAUSE OF important.

m

STATE OF MARYLAND 1 PLACE OF DEATH 15152 CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in St ......Ward) a hospital or institution. give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, married 1913 WIDDWED, (Month) (Day) (Year) ORDIVORCED (Write the word) HEREBY CERTIFY That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) It LESS than 7 AGE date stated above, a 1 day .....hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) .... Gogtributory 9 BIRTHPLACE (Scondary) (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs. .... mos. Where was disease contracted. if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER

REGISTRAR If more blanks are needed, address Stafe Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (net paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Realthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, ctc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." (b) Cotton mill; (a) Salcsman, If the occupation has As examples: For persons 9

Statement of cause of death—Name, first, the disease causing death—In always affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinlosis of lungs, meninges, peritonaeum, etc.. Carcin

cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUEEPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age." "Shock." 'Traemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mercly symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. oma. Sarcoma. etc., of \_ ture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig The contributory Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (secondary or intercurrent (name origin; "Can-State cause for death), 29 ds.: Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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RECORD

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. ilf death occurred in St.;....Ward) a hospifal or institution, give its NAME Instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE WIDOWED, (Month) (Day) (Write the word) HEREBY CERTIFY, That I, attended deceased from 6 PATE OF BIRTH alive on .... (Year) (Month) (Day) If LESS than 7 AGE and that death occurred on the date stated above, at was as follows BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Ouration) ..... yrs. mos which employed (or employer) Contributory (Secondary) (State or country) 4 16 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE OF MOTHER (State or country) Af place In fhe .... yrs. ..... mos. ..... ds. State ...... yrs. ..... mos. ..... ds Where was disease contracted. ST OF MY KNOWLEDGE it not at place of death? Former or 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDER ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or indust ;; and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not minc, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, periionaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childhirth or miscarriage, as "Purperal septichacetc., when a definite disease can be ascertained as the inus," genital," "Collapse." "Coma," thenla," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as -Hart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... Is less definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent) Revolver wound of head-homicide; Polsoned "Old Age," "Shock." 'Traemla," "Weakness," Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Convulsions," "Debility" ("Con-"Dropsy," "Exhaustion," Examples: 01



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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pizin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Ounty Della 15154	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.
Village or City Just Duck	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVERGED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
May /3 (Month) (Day) (Year)	that I last saw h Malive on Man 19 1913
7 AGE   If LESS than 1 day,hrs   GRmin.?	and that death occulted on the date stated spoke at W.
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	seen ly (Duration) yrs. mos ds&
9 BIRTHPLACE (State or country)  10 NAME OF FATHER	(Signed) (Signed)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER WILLIAMS  13 BIRTHPLACE OF MOTHER (State or country)  White	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death
(Informant) The Dest of MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence.  Lays of Jaseph Leshur
(Address)  16 Filed Vm. 25, 1913 VV Variant REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  LEVEL 20 UNDERTAKER  ADDRESS
if more blanks are needed, address State Registrar. 6	- Coasile

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfuibeen changed or given up on account of the disease material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (ď)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

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DEC 1913



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Instructions

mportant,

PLACE OF DEATH 5155 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 Ilf death occurred a hospital or institutio give its NAME instea of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) OR OIVERCED I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above at 1/30 am 1 day hrs. OR ..... min. ? 8 OCCUPATION (a) Frade, profession, or particular kind of work. (b) Geoeral nature of Industry, business, or establishment in which employed (or employer) ..... Contributory... State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State Where was disease contracted. If not at place of death? DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1,

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as dutles of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," For persons (6)

Statement of cause of death—Name, first, the disease Causino death—Name, first, the disease causino death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 da.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-For vio-

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W. B. No. 1.

	should state
RECORD	PHYSICIANS of OCCUPAT
PERMANENT	ated EXACTLY. Exact statement
K-THIS IS A	AGE should be st roperly classified.
UNFADING IN	certificate.
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	mation should be in plain terms, so ructions on back of
WRITE P	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	S.

PLACE OF DEATH 15156	STATE OF MARYLAND CERTIFICATE OF DEATH
County Baltimore	Registration Dist. No. 36
Village of Gity Graystone Ma Ma	St; Ward)  [If death occurred is a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the Word W when	(Month) (Day) (Year)
6 DATE OF BIRTH	HEREBY CERTIFY, That I attended deceased from
Nov 20, 1834	that I last saw harmalive on Nov 7 1913
7 AGE (Month) (Day) (Year)  1 If LESS than 1 day,hrs. 0 Rmin.?	and that death occurred on the date stated above, at 1/39/cm The CAUSE OF DEATH* was as follows:
6 OCCUPATION (a) Yrade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	paralysis
which employed (or employer)  BIRTHPLACE (State or country)  Mauyland.	Contributory (Secondary)
10 NAME OF John Burne.	(Signed) R. R. 167755 , M. D.
of FATHER (State or country) Maryland.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
of Mother Name Roberts	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HORPITALS INSTITUTIONS TRANSPORTED TO STATE OF THE PROPERTY OF THE P
13 BIRTHPLACE OF MOTHER (State or country) Manyland.	At place in the of death yrs, mos ds. State yrs, mos ds.
(Informant) bhas by Burs	Where was disease contracted, If not at place of death?  Former or
(Address) White Hall Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed towards 190 M. Hayda, M. R. REGISTRAR	Markeline Son White House
If more blanks are needed, address State Revistres	B E Frenklin St Polto Poquesting V C No. 1

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industy; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-bosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. For vicmia," "PUEBPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of . Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) (Recommendations on statement of (disease causing "Dropsy," "Exhaustion," (name origin; "Candeath), 29 State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



4 S

V. B. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS

1 PLACE OF DEATH 15157 County Baltimore Village or City W. Arlington (No Leans) 2 FULL NAME Leans & Bres	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 32  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Married Orbivorces (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH  (Month) (Day) (Yéar)	//-9-, 1913, to //-/7-, 1913, that I last saw h alive on //-/7-, 1913
7 AGE   If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION  (a) frade, prefession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	Publica (Operation) - yrs - mos. 9 ds.
9 BIRTHPLACE (State or country) Baltingers) Oty Mal	(Secondary)  (Duration)  (Duration)  (Duration)  (Duration)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed) description (Address) West Calculate
of Mother Manay Taylor  13 BIRTHPLACE OF MOTHER (State or country) Raltimore City Mo	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death
(Informant)	If not at place of death?————————————————————————————————————
(Address) McCuluglow	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

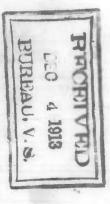
statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speci-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, As examples: For persons (4)

Statement of cause of death—Name, first, the disease capsing death—Name, first, the disease capsing death—Name, first, the disease to the firm and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puraperal septichasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maracause of death approved by Committee on Nomencla-LENT DEATHS State MEANS OF INJUST and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronio interstitial nephritis cer" is less definite; avoid use of "Tumor" for malte-nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. dent; Revolver wound of head-homicide; Rossaned which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) tetanus) (Recommendations on statement of may be stated under the head (name origin; "Can-State cause for For VIQ-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 4 1918



N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pigin terms, so that it may be properly classified. Exact statement of OCCUPATION is very MARGIN RESERVED

BINDING

FOR

PLACE OF DEATH 15158	STATE OF MARYLAND
County Balls Ce	CERTIFICATE OF DEATH
	Registered No. 30
Village or City Wallusville (No. 1)	76 Multure au St.: Ward) [It death occurred a hospital or Institution give its NAME Insteed of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH
Female ledrol Stroke, Manual ORDIVORCO (Write the word)	(Month) (Day) (Year)
BDATE OF BIRTH  MISSISSIAN  1	10 v 15 , 1913, to for 20th , 1913
(Month) (Day) (Year)	that I last saw h Dr. alive on Nov 18 1913
TAGE If LESS that	and that death occurred on the date stated above, at
43 yrs. mos. ds. or min.?	The CAUSE OF DEATH & was as follows:
(a) Trade, protession, or particular kind of work.	Julisculosis (of Lings
(b) General nature of Industry, business, or establishment in which employed (or employer)	about Jenesthe (Duration) yrs. mos.
State or country) Manufaud	Contributory (Secondary)
10 NAME OF Charles Lovsey	(Signed) John & Manger, M
11 BIRTHPLACE OF FATHER	Nov eg , 1913 (Address) 1002 Edmindson
of FATHER (State or country) laufland  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN. CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Manyland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ot death yrs mos ds. State yrs mos
(Informant) Ceruleus Burlon	ft not at place of death?  Former or  usual residence.
(Address) 76 Muters ar	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL  Old filler along or 60: Nov 23:00
Filed nov 22 1813 Marshall B Wrot	20 MNDERTAKER ADDRESS ADDRESS 578 W. S. A. A.
If more blanks are needed, address State Registrar,	

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Measles (disease causing death), 29 "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "AB-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritie. nant neopiasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_ The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:

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DEC 6 1918



CERTIFICATE OF DEATH Registration Dist. No... [If death occurred in ...Ward) a hospital or institution. give Its NAME instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at at day// hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. pe (b) General nature of industry, business, or establishment in may (Duration) which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) 10 . 191 3. (Address) ARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE ٩ At place OF MOTHER (State or country) of inform DEATH of death ...... yrs. ..... mos. ..... ds. State ..... yrs. mos. Where was disease contracted. If not at place of death? Former or CAUSE OF Important, 3 usual residence. Every Ite DATE OF BURIAL 15 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Bato., Requesting

STATE OF MARYLAND

(Year)

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulshould be taken to report specifically the occupations additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Who have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Statement of occupation-Precise statement of occupa-Spinner, many occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciture of the American Medical Association. The contributory "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head (Recommendations on statement of (secondary or intercurrent) Never report For vio-

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DEC 4 1913



T. B. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

County Balto.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30
Village or City lehester (No.) 2 FULL NAME Annie Celar	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Figural 4 COLOR OR RACE MARRIED, Midowed ORDIVERCED (Write the word)  B DATE OF BIRTH  Mur 20, 1828	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from 22, 1912, to 22, 1913
(Month) (Day) (Year)  7 AGE  8 mos. & ds. OR min. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
BOCCUPATION  (a) Frade, prefession, or particular kind of work  (b) Genoral nature of industry, business, or establishmenf to which employed (or employer)  BIRTHPLACE (State or country) Irrland	Contributory (Secondary)  (Ouration) 3 yrs. 7 mos. 7 ds.  (Ouration) 3 yrs. 7 mos. 7 ds.
11 BIRTHPLACE (State or country) Ireland  12 Maiden Name Collen Brown  13 BIRTHPLACE OF MOTHER (State or country) Ireland	(Signed)
(Informant) his Ellen Brown  (Address) Ilchester Mo.  15 Filed Noo 22, 1913 Marshall B Wish REGISTRAR	Where was disease contracted, If not at place of death?  Former or osual residence
If more blanks are needed, address State Registrar	6 B. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUEEPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of \_\_ Bronchopneumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for malls. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can-"Exhaustion," Examples: For VIO-

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DEC 6 1913



MARGIN RESERVED FOR BINDING

RECORD

PERMANENT

IS A

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UNFADING INK

WITH

WRITE PLAINLY

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02

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very certificate. of information should be of DEATH in plain terms, so See Instructions on back of CAUSE OF I N.B.

PLACE OF DEATH 15161  County Baltimase	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 30
Village or City Ellicott (No. 2) 2 FULL NAME Lee O Roy Cola	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIEO, WIGOWEO, OR OIVORCEO (Write the word)	16 DATE OF DEATH  Prov. 4, 1913  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h 1913, to Nov. 4 ,1913,
7 AGE It LESS than t day, hrs. OR min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Maryland	(Duration) yrs. mos. / ds.  Contributory ousibilities (Secondary)  (Duration) yrs. mos. 21 ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  16 NORME OF FATHER MORNIA GLICALINA  16 NORME OF MOTHER (State or country)  17 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	(Signed)
(Address) Ellicott leity  15 Filed nov 5 1913 Marshall Blurst, REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  Della climety 20 UNDERTAKER  Caston Sons Cellicatt leit

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nection is very important, so that the relative lealthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive & definite safary), may be entered as mine, etc. statement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman," For persons 9

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, periionaeum, etc... Carcin-

cause of death approved by Committee on Nomencla. sepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. which surgical operation was undertaken. For vicmia," "Puerperal peritonitis," etc. childbirth or miscarriage, as "Puerpreal scotichaecause. Always qualify all discases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," genital," "Senlle." etc.), "Collapse." "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. oma. Sarcoma. etc., of . ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as "Heart fallure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic is icss definite; avoid use of "Tumor" for malig-The contributory (Recommendations on statement of "Convuisions," "Debility" ("Con-(secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

nrc 6,918,913



No. 1. v.

PHYSICIANS should state of OCCUPATION is very RECORD properly classified. Exact statement PERMANENT stated EXACTLY. 4 ACE should be WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.—Every item of information should be carefully supplied.
CAUSE OF DEATH in piain terms, so that it may be important. See instructions on back of certificate.

1 PLACE OF DEATH 15162

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

.....Ward)

[If death occurred in a hospital or lostitution, give its NAME instead of street and number.]

PER	RSONAL AND STATISTI	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Temale	4 COLOR OR RACE	6 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BI	RTH Super	/ /2 , /% 2 ) (Day (Year)	ang 13, 1913, to nor 28, 1913,
7 AGE	51 yrs 2	If LESS than   1 day,hrs.   ORmin. ?	The CAUSE OF DEATH * was as follows:
8 OCCUPATIO (a) Trade, profes particular kind o	ssion, or of of	Home	Meluster Tonguse Torril + Glandsmel
(b) General natu business, or es which employed	stablishmenf in (or employer)		Contributory Hausserlage
(State or 10 NAME FATH	OF albert	land Clark	(Signed) Galla Garage , M. D.
Z (State	EN NAME	mont	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
-	e or country)	en York	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place In the of death yrs mos ds  Where was disease contracted.
(Informant)	Sarah & Cla	The state of the s	If not at place of death?  Former or usual residence 4705 Parke Deighto are
16 Nav	5,4705 Var -28 1913 Ga	le Heights live	19 PLACE OF BURIAL OR REMOVAL  Punyaunt Country 10 1913.  20 UNDERTAKER  ADDRESS  502 N and
7	If more blanks		istrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

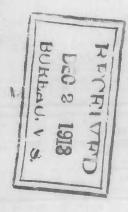
[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, ctc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, Civil engineer, Stationary froman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write Nonc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (b)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," aant neoplasms); Measles; Whooping cough; Chronic mid" "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For viochildbirth or miscarriage as "Iverperal septichaccause. Always qualify all diseases resulting from ctc, when a definite disease can be ascertained as the "Ilcart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenla," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS State MEANS OF INJURY and qualify as "Collapse," "Coma," "Convulsions," "Debility" ("Con ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. The contributory tctanus) Measles (disease causing death). 29 ds.; (Recommendations on statement of may be stated under the head (secondary or intercurrent) Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



No.

où.

PHYSICIANS should state of OCCUPATION is very RECORD Exact statement PERMANENT EXACTLY. stated properly classified. should THIS AGE UNFADING INKcarefully supplied. certificate. Every item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back of WITH WRITE PLAINLY,

1 PLACE OF DEATH 1516.	STATE OF MARYLAND
County Bullin	CERTIFICATE OF DEATH
10 1 ×	Registration Dist. No.
Village or City (No. 3)	St.; Ward)  [If death occurred in a hospital or institution, give lits NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDDWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  L HEREBY CERTIFY. That L extended deceased from
8 DATE OF BIRTH  ALN  (Month)  (Day)  (Year)	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE   It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work	Will Buch
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
State or country) Shows Parel Mid.	Gontributory (Secondary) (Duration) yrs mosds.
10 NAME OF USBUR Concy.  11 BIRTHPLACE	(Signed) Tryula 6 Zullul M. B.  110. 2 1, 191 3 (Address) Allus Prus
OFFATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
a Cestella 1. Desh	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSLENCE

	18 LENGTH OF RESIDENCE OR RECENT RESIDENTS)	(FOR HO	SPITALS, IN	STITUTION	S, TRANS	IENTS,
	At piace		In the			
H	of death yrs mos	ds.	State	vrs.	mos	de

Where was disease contracted, It not at place of death?

Former or

OR REMOVAL

DATE OF BURIAL

ADDRESS

(Informant) REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

KNOWLEDGE

15 m. ż

13 BIRTHPLACE OF MOTHER (State or country)

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation bas Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of tungs, meninges, peritonaeum, etc.. Carcinology

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. cause of death approved by Committee on Nomencla dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Purrement schtichae etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile." etc.), "Collapse." "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." schsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably Bronchopncumonia (secondary), 10 ds. Never reporvalvular heart disease; Chronic interstitial arphritis is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," 'Traemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Convulsions," "Debility" ("Con-"Dropsy," "Exhaustion," \_ (name origin; "Can-State cause for Examples: 01

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

OFC 4. 1913



T. B. No. 1.

1		state
		bhould NO Is
	RECORD	PHYSICIANS of OCCUPATE
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
ו נ	UNFA	that it certifica
	WRITE PLAINLY, WITH	Every item of information should be carefully sup CAUSE OF DEATH in plain terms, so that it maimportant. See Instructions on back of certificate.
T. B. No. 1.		CAU:
F. B.		E. B.
		_

County Baltimore 15164	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Canton (No. 1007	Registered No.  [It death occurred in a hospital or institution,
* FULL NAME Williams	Regess Connell give its NAME instead of street and comber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While (Strike word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY. That I attended deceased from
© DATE OF BIRTH  Dec. 31, 191  (Month) (Day) (Year	Nov 17. 1913, to Nov 17. 1913.
(Month) (Day) (Year  7 AGE    If LESS th   day,h   ORmin.	and that death occurred on the date stated above, at 6 30 P.m.
© OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in	Distribution of the state of th
which employed (or employer)  BIRTHPLACE (State or country)  Maryland.	Contributory (Secondary)  (Doration) yrs. mos. 3 ds.  Contributory (Secondary)
10 NAME OF FATHER James Regess 11 RIRTHPLACE	(Signed) (Deration) yrs mos 4 ds.  (Signed) (No. 1915) (Address) Ellurit are Connect
11 BIRTHPLACE OFFATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Manyland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds.
(Informant) Trances Reges	Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) 1007 S. First St.  Filed Our 18, 1913 WE The Canalysis  REGISTAL	19 PLACE OF BURIAL OR REMOVAL  Met. Carnel, Cernetty Nov. 18, 1913  20 UNDERTAKER  ADDRESS  1739 E. Eager St.
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuicated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of lifshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and chlidren, not who receive a definite salary), may be entered as mine, etc. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Farmer or Planter, For persons 6

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionacum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the oma. Sarcoma. etc., of \_\_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for maltscause of death approved by Committee on Nomenciaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "Tuerperal peritonitis," etc. "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio "Contributory." sepsis, tetanus) injury, as fracture of skuii, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. LENT DEATHS STATE MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemla," "Weakness," may be stated under the head of (Recommendations on statement of State cause for Never report Examples:

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S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

15165 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single,  MARRIED,  WIDOWED,  ORDIVORCED  (Write the word)	16 DATE OF DEATH  Nov. 2/ , 1913  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
Oct. 17, 1896  (Month) (Day (Year)	1913, to 2/ ,1913 that I last aaw h 2 alive on 2/ ,1913
7 AGE   If LESS than 1 day,	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work Mullimen Cafefrentice  (b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs mos /2 ds.
BBIRTHPLACE (State or country)	Contributory acsits distribution of heart
10 NAME OF FATHER Williams M. Cormor  11 BIRTHPLACE OF FATHER (State or country)	(Signed)
12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OTHER OTHER OF MOTHER OF MOTHER OTHER	CAUSES, State (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) England  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs, mos ds. State yrs, mos ds  Where was disease contracted, If not at place of death?
(Informant) Mr. William Connor	Former or usual residence / \$35 Frederick arenue
Files Dav U 1913 Geoastmant MO. REGISTRAR	Mesture Cemetery Nav 25, 1913  20 UNDERTAKER  N. S. Linch  2113 W Prott
If more blanks are needed, address State Regis	trar, 6 E, Franklin St., Balto, Regnesting V S No. 1

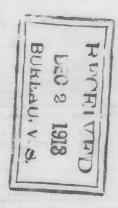
[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. cated thus: CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"; Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICINAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite discase can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (uame orlgin; "Can-The contributory tctanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head (secondary or intercurrent) Never report

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V. S. No. 1.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH N. B.

PLACE OF DEATH 15324 County Dacto	STATE OF MA CERTIFICATE O	
Village or City They blundton (No 343)	Registration Di	[if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
Sex Colororrace Single, Married, Widowed, Widowed, Write the word)  8 DATE OF BIRTH  North (Month) (Day (Year)	(Month)  17  HEREBY CERTIFY, That  Man Tel  1918, to Man the on Ma	(Day (Year)  I sttended deceased from  1918  24  1918
7 AGE If LESS than 1 day,hrs.	snd that death occurred on the date state The CAUSE OF DEATH* was as follows:	d above, at 9 Pm
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  **BIRTHPLACE**  (State or country) Pacts Co Small	5 Mas wers Statedown  (Duration)  Contributory Secondary  (Duration)	- Albonford - 151B. ds.
11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER & Father Medinger	(Signed)	yrs mos ds
of Mother State Medinger  13 BIRTHPLACE OF MOTHER (State or country) Bultuma City  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Man a M. Coas Craum	18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place In the	
(Address) 343 8 Mt Pecuseutter	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Filed, 191REGISTRAR	20 UNDERTAKER UNTURNA	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St.; Balto, Requesting V. S. No. 1.

DATE 1-13-14

#### REVISED UNITED STATES STANDARDED CENTED CERTIFICATE OF DEATH

FEB 7 1914

[Approved by U. S. Census and American Public Health SUISEALE, V. S. Association 1 Association.]

cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write Nonc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (0)

icsis of lungs, meninges, peritonaeum, etc., Carcin pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," "Croup";) brospinal meningitis"); term for the same disease. Examples: Cercbrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to fever (the only definite synonym is "Epidemie cere-Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid unqualified, is indefinite): Tubercu-Diphtheria (avoid use of

> valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (discase causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of For vio-

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-

BUREAU, V.S. RECUIVE 1914

PHYSICIANS RECORD MANEN 2 PE proper AG O instruction EAT of DE/ Every Item CAUSE OF important.

15

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lit death occurred in (No. St .: .....Ward) a hospital or institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE MARRIED, ( WIDOWED, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Month) (Day) (Year) it LESS than 7 AGE and that death occurred on the date stated above, at t day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? mos. 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory. 9 BIRTHPLACE OSecondary) (State or country) 10 NAME OF FATHER . 191.3. (Address). 11 BIRTHPLACE ARENT \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State yrs. mos. Where was disease contracted. It not at place of death?.. usuai residence. DATE OF BURIAL

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (net paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can he known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be iddi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has As examples: For persons (e)

Statement of cause of death—Name, first, the disease causing death—Is always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scotichae mus," "Old Age," "Shock," "Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomencla by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. etc., when a definite disease can be ascertained as the affection need not be stated unless important. ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Hart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may he stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds.; State cause for Examples:

If this certificate is looked over thoroughly and all quetions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT BINDING PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN WRITE

No. 1. vi

1 PLACE OF DEATH 10101	STATE OF MARYLAND
County	CERTIFICATE OF DEATH
County	Registered No.
Village or City Lightandown (No. 139) 2 FULL NAME Phild of Est + Beautiful State Beautiful Sta	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED, WIDOWEO, ORDIVORCED (Write the word)	18 DATE OF DEATH  (Month) (Day) (Year)
B DATE OF BIRTH	that I last saw h allye on Street Beautiful 191
7 AGE (Month) (Day) (Year)  1 LESS than 1 day,hrs. 0 Rmin.?	and that death occurred on the date stated above, at
© OCCUPATION  (a) Trade, profession, or particular kind of work	Premaun (3 ano)
which employed (or employer)  BIRTHPLACE (State or country)	Contributory (Secondary)
1D NAME OF ES. Commendam	(Signed) (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME O	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT
of MOTHER Viol 9, hulls	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the
OF MOTHER (State or country) Wy Mondow MI  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	of death yrs mos ds. State yrs mos ds.  Where was disease contracted, If not at place of death?  Former or  usual residence
(Address) 13 9 Series 15	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  MACOMELEM Nov 22, 191. 3  20 UNDERTAKER 1 ADDRESS 2016
REGISTRAR	Philip Herwig Oclians

1 5 1 0 M

[Approved by L. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrunt, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the who receive a definite saiary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," As examples: The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." (Recommendations on statement of scpsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeinus," "Oid Age," "Shock," "Uraemia," "Weakness," which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," "Coilapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminai conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for maigoma. Sarcoma. etc., of \_\_\_ The contributory (secondary or intercurrent) Always qualify all diseases resuiting from "Senile," etc.), "Dropsy," "Exhaustion," (name origin; "Can-The nature of the

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V. S. No. 1.

	state
	N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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٧	Illiage or City fig and thur (No. 3224, 2 FULL NAME Athur III	St; Ward)  [If death occurred a hospital or instituting give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	ATE OF BIRTH  ACOLOR OR, RACE  Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)  (Month)  (Day)  (Year)	16 DATE OF DEATH, 13 , 191 (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased fro
TA	GE   if LESS than 1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at
bus whi	General nature of Industry, iness, or establishment in ich employed (or employer)  IRTHPLACE tate or country)  3 3 3 6 Radius S.	Contributory & Lucie Converses  (Secondary)
10 NAME OF FATHER REDUCES BUNGAMAN  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME 7)		(Signed)
PA	OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iilof persons engaged in domestic service for wages, as duties of the household only (not pald Housekeepers the nature of the business or industry, and therefore an ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc., Carcinosts

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 affection need not be stated unless important. Ex valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Aiways qualify ail diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



S. No. 1.

N. B.-

UNFADING INK-THIS IS

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH

PLACE OF DEATH 15169 STATE OF MARYLAND CERTIFICATE OF DEATH

O 4-	/	W/100	Registration Dist. I
Village or Gity lelen	sylle (N	· Spring En	ue Rate Staplward)
	80.	Of Alo	1

[If death occurred in a hospital or institution,

FULL NAME aline Volence of street and number.]			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Fe Color or RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH WW B , 191 3 (Month) (Day (Year)		
6 DATE OF BIRTH July 23 , 1853	I HEREBY CERTIFY, That I attended deceased from 1913, to 1913, to 1913, that I last saw here alive on 1913		
Co yrs 5 mos 5 ds. OR min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:		
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in	levelsel Hemorkage when.		
which employed (or employer)  9 BIRTHPLACE (State or country) Nerth Cearolema	Contributory Weulal Disease Secondary  (Durattury yrs mos ds		
10 NAME OF Eugene Nurgen  11 BIRTHPLACE OF FATHER (State or country)  M.	(Signed) Alle Gale M. D. Ker J. F., 1913 (Address) Calousoille, Keel		
(State or country) Mcl.  12 MAIDEN NAME OF MOTHER Skrah & Suyder.  13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
OF MOTHER (State or country) hest ducles.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Maller	At place of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, if not at place of death?  Former or		
(Address) 810 U. Geluce St.  Filed noo 7, 1913 manhall B West	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLACE OF BURIAL PLACE		
REGISTRAR	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

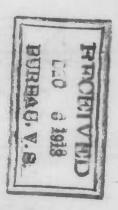
daties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, ctc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Salesman, As examples: But in many "Foreman,"

causing death (the primary affection with respect to lesis of lungs, meninges, peritonaeum, etc., pnenmonia"); "Стопр";) brospinal term for the same disease. time and causation), using always the same accepted ("Pneumonia," fover (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE meningltis"); Typhoid fover (never Lobar pneumonia; Bronchopneumonia unqualified, is Indefinite): Tubercu-Diphthcria Examples: Cerebrospinal report "Typhoid (avoid use

> childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjnry, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. nant neoplasms); Measics; Whooping cough; Chronie ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," The nature of the State cause for "Exhanstion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH 15170 STATE OF MARYLAND CERTIFICATE OF DEATH 2 al timore Registered No Ilf death occurred la a hospital or institution, give its NAME Instead of street and oumber. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 4 COLDROR RACE 3 SEX MARRIED. WIDOWED. (Month) (Day) ORDIVORCED Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Tear) (Month) (Day) TAGE If LESS than and that death occurred on the date stated above, at 1 day, ..... hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) ..... Contributory..... State or country (Secondary) 10 NAME OF ENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-ARI 12 MAIDEN NAME TAL. SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the OF MOTHER (State or country of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State yrs, \_\_\_\_ mos. Where was disease contracted. THE BEST OF MY KNOWLEDGE if not at piace of death?. Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL 16 .. 191

if more blanks age needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foremau," "Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). For persons should be taken to report specifically the occupations it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an eases, especially in industrial employments, it is necwho have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the dibease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

such, if Impossible to determine definitely. cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS STATE MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Tuerperal peritonitis," etc. ehildbirth or miscarriage, as "Pursperal septichaceause. mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marastbenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncoplasms) ; Mcasles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Meastes (disease causing oma. Sarcoma. etc., of Accidental drowning; Struck by railway train—acci-Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (Recommendations on statement of (name origin; "Candeath), 29 State cause for "Exhaustion," Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

Village or Control of Sand States (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word)	(Month) (Day) (Year)  I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)  7 AGE   If LESS than 1 day,hrs.   ORmin.?	that I last saw h Za alive on Dsv 2 H, 1913, and that death occurred on the date stated above, at 8 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment to which employed (or employer)  BIRTHPLACE (State or country)	(Duration) yrs. mos. / ds.  Contributory (Secondary)
10 NAME OF FATHER MATINION  11 BIRTHPLACE (STATE OF COUNTRY) MATINION  12 MAIDEN NAME OF MOTHER OF MOTHER MATINION	(Signed)
14 THE ABOVE STRUE TO/THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)	At place of death yrs, mos. ds. State yrs, mos. ds.  Where was disease contracted, it not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DAT

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indiwho have no occupation whatever, write None. CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations galnfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when, needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, the nature of the husiness or industry, and therefore an For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, Nevcr return "Laborer," (b) Cotton mill; (a) Salesman, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—In a frection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumouia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the "Contributory." dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: mia," "PUERPERAL pcritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report "Coilapse." "Coma," "Convuisions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-For VIO-

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred to .....Ward) a hospital or institution. give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) Marie (Day I HEREBY CERTIFY, That I attended deceased from (Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, ....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? anna following Child bulto BOCCUPATION das (a) Trade, profession, or particular kind of work. Bulmonary (b) General nature of industry. business, or establishment in (Duration) ... which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory\_\_ Secondary 10 NAME OF FATHER Thor 17 , 191 3 (Address) PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) State Where was disease contracted. If not at place of death? usual residence. 15 20 UNDERTAKER ADDRESS REGISTRAR Marto Y- Quinnay

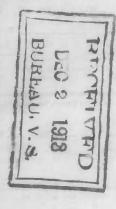
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death is respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, Is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... cause of death approved by Committee on Nomenclachildbirth or miscarriage as "Puerperal septiehacmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mercly symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertalned as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmerc symptoms or terminal conditions, such as "Asture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Heart fallure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Never report



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OCCUPATION

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Taltimore Registration Dist. No. [It death occurred in St.;....Ward) a hospital or institution. give its NAME instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX MARRIED. WHOOWED. (Day) Write the word) HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Day) (Year) (Month) It LESS than 7 AGE and that death occurred on the date stated above, at ... 1 day, .... hrs. The CAUSE OF DEATH > was as follows: OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 191.3 (Address) ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country Where was disease contracted. It not at place of death? DATE OF BURIAL 15 ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care "Manager," "Dealer," etc., without more precise speci-fication, as Day laborer, Farm laborer, Laborer—("odi additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples: But in many For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

such, if impossible to determine definitely. childbirth or miscarriage, as "Tuerperal scottchaeture of the American Medical Association.) cause of death approved by Committee on Nomenclaschsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned mia," "PUERPEBAL peritonitis," etc. mus," "Old Age," "Shock," 'Traemia," "Weakness," "Contributory." Accidental drowning; Struck by railroay train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the -Hart fallure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary). 10 ds. ample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nent neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," may be stated under the head of (Recommendations on statement of \_ (name origin; "Can-State cause for "Exhaustion," Never report Examples:



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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.St.;.....Ward)

[If death occurred in a hospital or Institution,

	FULL NAME Charles Fourtler	give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Married, Widowed, or provenced (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH, /, /	that I last saw h
7 A	GE   If LESS than 1 day, hrs.   OR min. ?	and that death occurred on the date stated above, at
(a pa (b) wh	OCUPATION  Trade, profession, or ricular kind of work  General nature of industry, siness, or establishment in che employed (or employer)  IRTHPLACE tate or country)	(Ouration) yrs. mos. ds.  Contributory (Secondary)
ITS	10 NAME OF FATHER OF PROVINGE	(Signed) Quration) yrs. mos. ds. (Signed) , M. D.
PAREN	12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country) Work / Am own	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
14	(Informant). It is the BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
15 F	(Address) 29 3 Shella Alexander (1/29 191 3 Blazer Smunt Me	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salcsman, the nature of the business or indust y; and therefore an who have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But ln many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: The question For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

mia," "Puerferal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g. by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the -Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Old Age," "Shock." 'Traemla," "Weakness," Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head of (disease causing death), 29 ds.: or Homicidal, or as probably "Dropsy," (name origin; "Can-"Exhaustion," Examples: septichae-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC + 1913



2621 Bone St.

CERTIFICATE OF DEATH Registration Dist. No... It death occurred in Ward) a hospital or institution. RECORD give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX 4 COLOR OR RACE DATE OF DEATH MARRIED. WIDOWED, (Month) (Year) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... mln. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory certificat Secondary (State or country) (Duration) 10 NAME OF FATHER O ö back PARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in denths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-(State or country 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. Instructions OF MOTHER pla 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 5 13 BIRTHPLACE At place OF MOTHER (State or country) DEATH State ... Where was disease contracted. of OF usual residence. Important. Every It DATE OF BURIAL 15 20 INDERTAKER ADDRESS FEGISTRAR If more blanks are needed, nddress State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.

STATE OF MARYLAND

15175

1 PLACE OF DEATH

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[Approved by U. S. Census and American Public Health Association.]

eated thus: who have no occupation whatever, write None CAUSINO BEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of oecupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, As examples: "Foreman," the second (7)

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercurospinal fever (the only definite synonym is "Epidemic cercurospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

mus," nant neoplasms); Measles; Whooping eough; Chronic eer" is less definite; avoid use of "Tumor" for maligvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vromia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the "Ileart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Couthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion, Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

1:0 4 1918

BURBAU, V. S.

Village or City beglelandlown (No. 323)  2 FULL NAME  Andrew F.	STATE OF MARYLAND CERTIFICATE OF DEATH  Registered No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S DATE OF BIRTH  4 COLOR OR RACE  S SINGLE, MARRIED, Cllevried Widower, Widower, Wordiverte the word)	18 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  Aux 13  (Nov 2 - 2
(Month) (Day) (Year)	that I last saw h alive on 200 2 , 1913.
# H LESS than 1 day, hrs. OR min.?  **OCCUPATION* (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at 4.40 m, The GAUSE OF DEATH* was as follows:  Obstructuration  (Duration) yrs. 4 mos. ds.
9 BIRTHPLACE (State or country)  10 NAME OF	Contributory (Secondary) (Duration) yrs mos ds.
TATHER Andrew freund,  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds. State yrs, mos, ds.
(Informant)  (Address)  3 2 3 8 Fact ave  (Address)  15  FHED  10 1910  11 more blanks are needed, address State Registrar, 6	Where was disease contracted, If not at place of death?  Former or  usual residence  19 place of Burial or Removal  Holy Pedeances Genetor, Chav 3, 191.3.  29 INDERTAKER  ADDRESS  HOSS. Wolf LA

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the "Manager," "Deaier," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; Houscuife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skuii, and consequences (e. g., such, if impossible to determine definitely. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debiilty" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Aiways qualify all diseases resulting "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," ... (name origin; "Candeath), 29 ds.; Examples: OI



state Very of OCCUPATION is RECORD statement PERMANENT EXACTLY. Exact stated properly classified. 4 pa IS should UNFADING INK-THIS AGE supplied. pg may certificate. carefully of that it 50 WITH terms, should 6 PLAINLY. of information sho DEATH in plain t See instructions on WRITE See Item OF Important. Every its m ż

### PLACE OF DEATH 15177 (No. FULL NAME PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH (Day) (Year) (Month) 7 AGE If LESS than t day .....hrs. OR ..... 7 BOCCUPATION (a) Frade, profession, or particular kind of work (b) Geoeral nature of Industry. business, or establishment In which employed (or employer) State or country) 10 NAME OF FATHER S 11 BIRTHPLACE PARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO KNOWLEDGE (Address 15 20 UNDERTAKER

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St : Ward)

It death occurred lo a hospital or Institution. give its NAME Instead of street and number. ]

1013

MEDICAL	L CE	RTIFICAT	TE OF	DEATH	
					_

		(Month)	(Day)	(Year)
17-		CERTIFY, That I		
Lew	15 191	08 to 125	V-14	1913
	w h.azna aliv			,1913
and that deat	h occurred on	the date stated	above, at	L.A.m.
Ch	roul,	replications:		
Contributo (Secondary	ory Du	(Duration)	3 yrs 6 m	
7	7 101 3 (A)		Syrs m	, M. D.
*State the CAUSES, stat	DISTASTS CATT	SING DEATH, or, of INJURY; and	in deaths from	VIOLENE
At place	rs mos	(FOR HOSPITALS, In the ds. State	INSTITUTIONS,	
19 PLACE OF	BURIAL OR F	REMOVAL	PATE OF BU	

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). applies to each and every person, irrespective of age who have no occupation whatever, write None. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should he used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can he known. The question tion is very important, so that the relative meaithful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman," 6

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childhirth or miscarriage, as "Purpread septichaecause. Always qualify all discases resulting from etc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accl-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Coilapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds.; affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia her" is less definite; avoid use of "Tumor" for mailsoma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-Examples:

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DEC. 4 191



N. B.

PLACE OF DEATH 15178	STATE OF MARYLAND CERTIFICATE OF DEATH
County Baltime	Registered No3.
Village or City Lutherull (No. 1).  2 FULL NAME Evarigeline G	St; Ward)  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, MARRIED, WIDOWED, ORDIVORCES (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17   HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h 2 allys on 71.76. 7 3 ,1913
7 AGE  It LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at
particular kind of work	Contributory (Secondary) (Secondary) 20 Weeneld
10 NAME OF FATHER Robert Coscarder  11 BIRTHPLACE OF FATHER (State or country) Lollaced  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed), M. D.  (Signed), M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal:
OF MOTHER CHARLES MISON  13 BIRTHPLACE OF MOTHER (State or country)  Colloud	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death
(Informant) Charles It Sullaguet	Where was disease contracted, It not at place of death?
(Address) Authoreville My,	Print sidy Cent 10025, 193
Filed 11/05 ,1913 Older Ament Mass	PatrambyojE 123W Lofayet
if more blanks are needed, address State Registrar, 6 l	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not mine, etc. statement. material worked on may form part of the second it should be used only when necded. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfui-(a) Spinner, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," (%)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Tubercumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of \_\_ The contributory tetanus) may be stated under the head (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:



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PHYSICIANS

RECORD

STATE OF MARYLAND PLACE OF DEATH 15170 CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in St.:....Ward) a hospital or institution. give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE MARRIED, Ser 3 SEX WIDOWED, (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) If LESS than 7 AGE and that death occurred on the date stated above, at The 1 day, .....hrs. The CAUSE OF DEATH\* was as follows: vrs. 6 mos. / 2 ds. BOCCUPATION (a) Trade, profession, or particular kind of work none (b) General nature of industry, business, or establishment in 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) (Address)... ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country of death ...... yrs. ..... mos. ..... ds. State \_\_\_\_\_ yrs. \_\_\_ mos. Where was disease contracted. 14 THE ABOVE IS TRUE if not at place of death?. usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) --15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specibeen changed or given up on account of the piscass Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, no who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age (a) Spinner, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Realthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcinosts of lungs, meninges, peritonaeum, etc.. Carcinoscipality of the primary of the control of the contro

cause of death approved by Committee on Nomencla. "Contributory." mia," "TUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purappeal scptichaemus," "Old Age," "Shock." 'Traemia," "Weakness," genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 de. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig-Accidental drowning; Struck by railway train—accimere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:



vi

Very 15 OCCUPATION PHYSICIANS .Ward) RECORD of statement PERSONAL AND STATISTICAL PARTICULARS PERMANENT EXACTLY 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) DATE OF BIRTH classifled. pe (Month) (Year) TAGE should If LESS than 1 day hrs. properly AGE BOCCUPATION (a) Trade, profession, or particular kind of work... supplied. pe (b) General nature of industry, business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 20 90 pe back PARENTS 11 BIRTHPLACE should OF FATHER (State or country) 0 12 MAIDEN NAME plain Instructions OF MOTHER Information \_ 13 BIRTHPLACE OF MOTHER (State or country) of inform DEATH 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Where was disease contracted See If not at place of death? Former or Item (Informant) Every Item CAUSE OF Important. usual residence (Address)..... 15 UNDERTAKER m REGISTER

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[If death occurred in a hospital or institution, give Its NAME Instead of street and number.]

MEDICAL CERTIFICATE OF DEATH

6 DATE O	F DEATH	Drow	20	. 191
		(Month)	(Day	(Year)
17	I HEREBY	CERTIFY, That	I attended d	eceased fro
• •		91, to		
hat I last s	aw h al	lve on		, 191
nd that de	ath occurred o	on the date state	d above, at	ก
	,	was as follows:		
Shri	ch b	y Ran	tiva	Y
10	ani	)		
	****************	(Duration)	yrs	.mosd
Contribu Seconda	itory			* 19 10 10 10 10 10 10 10 10 10 10 10 10 10
************	1	(Duration)	yrs	mosd
(Pignod)	Na 11	Manie	11/	

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.

OR RECENT RESIDENCE	OR HOSPITALS, INS	TITUTIONS,	TRANSIEN	T
At place	In the			
of death yrs mos	ds. State	yrs	mos	d

DATE OF BURIAL

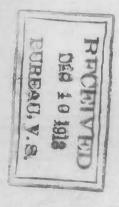
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

("Pneumonia," pneumonia"); Lobar pncumonia; Bronchopneumonia "Croup";) brospinal meningitis"); Diphtheria fever (the only definite synonym is term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to icsis of lungs, meninges, peritonacum, etc., Statement of cause of death-Name, first, the nisease Typhoid unqualified, is indefinite): Tubcrcufever (never report "Typhoid (avoid use of "Epidemic cere-Carcin-

> mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," death), 29 ds.; "Exhaustion," Never report



BINDING FOR RESERVED MARGIN

8. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

Village or City Calous rille (No. Pull NAME Helen Graeque	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  Gif death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female While (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH  Auly 312, 1/845  (Month) (Day) (Year)	that I last saw h & alive on hw & ,1913
TAGE    If LESS than 1 day,hrs. ormin.?	and that death occurred on the date stated above, at 6 40 km.  The GAUSE OF DEATH * was as follows:  Command of June of Grandles de
(b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	(Duration)
10 NAME OF FATHER Pelie Macqueen  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed), M. D.  State the DISEASE CAUSING DEATH, on in deaths from VICAENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Sarah Sullivair  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE SEST OF MY KNOWLEDGE (Informant)  Addline Suffice Sunde	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR REGENT RESIDENTS)  At place In the of death yrs, mos. ds.  Where was disease contracted, If not at place of death?  Former or
(Address) 13 v 9 h. Calpert de-	19 place of Burial or Removal Date of Burial  Loudon M Cem Nov-11, 1913.  20 undertaker  Address

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

C. C. w. 3 43

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PUERPERAL septiehacgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Marasample: Meastes (disease causing death), 29 ds.: ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... nant ncoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



1918

V. S. No. 1.

N. B.

	uld state Is very
	sho
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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3	Item E OF
	Every Item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate.
	MOF

ounty Battimon Ms

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 38

Village or City Grown (No.707 Elinwood ass. Ward)

Ward) [It death occ

2 FULL NAME Charles JV. Jong El

[It death occurred in a hospital or Institution, give Its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Marieo, Marieo	(Month) (Day (Year)  17. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH  Jel. 6th (Month) (Day (Year)	Jeph 30 1913, to 20 15 1913, that I last saw him allve on 20 15 1913
If LESS than   1 day,	and that death occurred on the date stated above, at 110, m, The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work  (b) General nature of industry, business, or establishment in Table 16 for the control of the control	
which employed (or employer)  BIRTHPLACE (State or country)  Baltimore  ONAME OF FATHER	Contributory Treat draufficing was ds.  Contributory Treat draufficing was ds.  (Signed) Ell Demean was
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER	2 1913 (Address) Grant Jud  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accuracy
of Mother fank Snedleys  13 BIRTHPLACE OF MOTHER (State or country) Ornna.	TAL, SUICIDAL, OF HOMICIDAL.  STATEMENT OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death
(Interment) Mrs Suns Togel	Where was disease contracted, if not at place of death?  Former or usual residence
6 Filed Nov _ 17,1913 M. & Porta	19 DATE OF BURIAL  DATE OF BURIAL  20 TH DESTRICTED ADDRESS  ADDRESS
REGISTRAR	J. J. Waller 123Wharty

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not it should be used only when needed. As examples: the nature of the business or industry, and therefore an ness of various pursuits can be known. The question who have no occupation whatever, write None. ness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Andemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Sehile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. Bronchopniumonia (secondary), 10 ds. Never report ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) tctanus) may be stated under the head of (Recommendations on statement of For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 4 1913



OCCUPATION RECORD PERMANENT 4 UNFADING 50 back PLAINLY Instructions DEATH WRITE ō OF Important. Every 0

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No [if death occurred in .....Ward) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE DATE OF DEATH MARRIEO. WICOWED. (Dav (Write the word) I HEREBY CERTIFY. That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than 1 day .....hrs. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) .....Yrs. which employed (or employer) ...... Contributory... BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs \_\_\_\_ mos. Where was disease contracted. 14 THE ABOVE if not at place of death? Former or usual residence. 7. and 5-4 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cssary to know (a) the kind of work and also (b) duties of the household ouly (not paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Aecidental drowning; Stry's by railway train—accident; Revolver wound of head—homicide; Poisoned "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "PUERPERAL septiehae-"Exhaustion," Never report



BINDING

FOR

RESERVED

MARGIN

1 PLACE OF DEATH

15184

Vi		ty Towson	ames Ell	St; Ward)  [If death occurred in a hospital or Institution, give its NAME Instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH
3 SE	x Tale	4 COLOR OR RACE White	SSINGLE, MARRIED, WIDOWED, ORDIVERCED M (Write the work	arried	16 DATE OF DEATH    Covernber   5   1913
6 D A	ATE OF BIRT	October (Month)	(Day)	7.839 (Year) If LESS than 1 day,	that I last saw h. Arm. alive on November 14 <sup>th</sup> , 1913 and that death occurred on the date stated above, at 3 <sup>20</sup> An The CAUSE OF DEATH* was as follows:
(b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Treland  10 NAME OF FATHER					(Duration) yrs. mos. 4.  Contributory Attio-Sclerosis te (Secondary)  Selveral (Duration) yrs. mos. r
ARENTS	11 piptup	Dr. Rodg HER Youghab, country) Irelan			(Signed)
Р					18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)  At place In the of death
(Informant) Mrs. Margaret Green  (Address) Towson, Md.  15 Filed. /// 6					Where was disease contracted, If not at place of death? Former or usual residence
					Presbyterian Cemetery Mov. 18, 1912  20 ANDERTAKER  Many W. Means & Jon Joseph Conference  Many W. Means & Jon Jon Joseph Conference  Many W. Means & Jon

STATE OF MARYLAND

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease should be taken to report specifically the occupations Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. who receive a definite salary), may be entered as material worked on may form part of the second essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b) If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease disease the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc., Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and quality as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seniie," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of terminal conditions, such as "As-(name origin; "Candeath), 29 ds.; Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.

DEC 4- 1913



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
County Ballo 15185	CERTIFICATE OF DEATH
Village or City Turner stacker	Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color of RACE 6 SINGLE, MARRIED, MIDOWED, ORDIVORCED ORDIVORCED (Write the word)  6 DATE OF BIRTH  October 7, 1862	16 DATE OF DEATH  (Month) (Day) (Year)  17 HEREBY CERTIFY, That I attended deceased from 1913, to 12, 1913, that I last saw h malive on 1, 1913
(Month) (Day) (Year)  7 AGE  SI JYS. L MOS. ds. OR	and that death occurred on the date stated above, at
particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Plulus - Pa	Contributory (Duration) yrs mos ds.  Contributory Pressure of flue of (Secondary)  Ou want f (Dyration) yrs mos ds.
10 NAME OF John a. Green  11 BIRTHPLACE OF FATHER (State or country) Deviceurs  12 MAIDEN NAME OF MOTHER CENSOLUTION	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Phile Pa	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA)  10 the 10 the 10 death yrs, mes, ds,  Where was disease contracted,
(Interment) Arrie Trees	If not at place ot death?  Former or usual residence
(Address). Luruar Station and Filed Nov. 13, 1913 9 My Jamuse on Registrar	19 BLACE OF BURIAL OR REMOVAL  BOUNCE Brue Con NOV 17, 1913  20 UNDERTAKER  WILLIAM COVIC BURIO QE
If more blanks are needed, address State Registra	c, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative lealthful-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all extends with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphihoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g. such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal scottchacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras. thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medicai Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or Intercurrent) "Dropsy," (name origin: "Can "Exhaustion, Never report Examples: FOF VIO-



Very should state

100

PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIEO, widdwed, &c Drdivdrced (Write the word) 8 DATE OF BIRTH 839 classified. (Month) (Day) (Year) If LESS tha 7 AGE 1 day, .....hr properly 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, pe business, or establishment in may which employed (or employer) ..... certificate. 9 BIRTHPLACE (State or country) that it 10 NAME OF FATHER 80 o on back 11 BIRTHPLACE in plain terms, ARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER See Instructions of Information DEATH in plair 13 BIRTHPLACE OF MOTHER (State or country) -Every Item CAUSE OF Important. S (Address)..... 15 1 REGISTRAR ż

If more blanks are needed, address State Regis trar.

(No.....

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

It death occurred in a hospital or Institution, give its NAME Instead ot street and number. ]

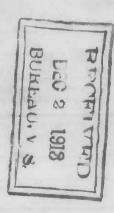
	h
16 DATE OF DEATH	november 12th, 1913
***************************************	(Month) (Day) (Year)
17   HER	EBY CERTIFY, That I attended deceased fro
70	That I attended deceased fro
Movember 9	1913, to November 12" 1913
	allve on November 12t, 1913
that I last saw h	allve on 1913
and that death occurr	red on the date stated above, at 1230 13.
The CAUSE OF DEAT	
crebral	2 hemonthage
	<b>J</b>
************************	***************************************
	***************************************
٠	(Duration) yrs. mos.
Contributory A	rteriosclarosis
(Secondary)	L. W. D. C. Ann. V. D. C.
	- Levis a
A	(Ouration) vrs. mos. o
Mark	(. ) C-
(Claned)	10.60000
	R. Eaneckon , M.
Mor 12 , 1913	(Address) Cer Riage m
97-12 , 1913	Address) Elk Ridge m
*State the DISEAS' CAUSES, state (1) h	D. (Address) CLK Pingle M. E. CAUSING DEATH, OF, In deaths from VIOLENT MEANS OF INJURY: and (2) whether ACCURATE
*State the DISEAS CAUSES, state (1) h TAL, SUICIDAL, OF H	E CAUSING DEATH, OF, In deaths from VIOLENT MEANS OF INJURY; and (2) Whether ACCIDENTOMICIDAL.
*State the DISEAS CAUSES, state (1) h TAL, SUICIDAL, OF H	MEANS OF INJURY; and (2) Whether ACCIDENT OMICIDAL.
*State the DISEAS: CAUSES, State (1) h TAL, SUICIDAL, OF H  18 LENGTH OF RESIE OR RECENT RESIDEN	MEANS OF INJURY; and (2) Whether ACCIDENT OMICIOAL.  DENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT ITS)
*State the DISEAS: CAUSES, state (1) N TAL, SUICIDAL, OF H  18 LENGTH OF RESIDEN At place	CAUSING DEATH, OF, In deaths from VIOLENT MEMBANS OF INJURY; and (2) whether ACCIDENTOMICIDAL.  DENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT INSTITUTIONS, TRANSIENT IN the
*State the DISEAS: CAUSES, state (1) M TAL, SUICIDAL, OF H  18 LENGTH OF RESIDEN At place of death	CAUSING DEATH, or, In deaths from VIOLENT MEANS OF INJURY; and (2) whether ACCIDENTOMICIDAL.  DENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT ITS)  In the mos
*State the DISEAS CAUSES, state (1) h TAL, SUICIDAL, OF H	DENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT In the mos
*State the DISEAS CAUSES, state (1) h TAL, SUICIDAL, OF H  18 LENGTH OF RESIDEN At place of death yrs.  Where was disease contract if not at place of death?	DENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT IN the mos ds. State yrs mos dc. cted,
*State the DISEAS: CAUSES, state (1) h TAL, SUICIDAL, or H  18 LENGTH OF RESIDEN At place of death	DENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT IN the mos ds. State yrs mos dc. cted,
*State the DISEAS: CAUSES, state (1) h TAL, SUICIDAL, or H  18 LENGTH OF RESIDEN At place of death yrs. Where was disease contract if not at place of death? Former or usual residence.	Clausing Death, or, in deaths from Violent Means of Injury; and (2) whether Accidentionicidal.  Dence (For Hospitals, Institutions, Transient its)  In the mos. ds. State yrs, mos. deted,
*State the DISEAS: CAUSES, state (1) h TAL, SUICIDAL, or H  18 LENGTH OF RESIDEN At place of death	Clausing Death, or, in deaths from Violent Means of Injury; and (2) whether Accidentionicidal.  Dence (For Hospitals, Institutions, Transient its)  In the mos. ds. State yrs, mos. deted,
*State the DISEAS: CAUSES, state (1) h TAL, SUICIDAL, or H  18 LENGTH OF RESIDEN At place of death yrs. Where was disease contract if not at place of death? Former or usual residence.	Address) CLAR PAGE  THE CAUSING DEATH, OF, In deaths from VIOLENT MEANS OF INJURY; and (2) whether ACCIDENT HOMICIDAL  DENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT ITS)  In the mos. ds. State yrs. mos. death
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*State the DISEAS CAUSES, state (1) h TAL, SUICIDAL, OF H  18 LENGTH OF RESIDEN AT Place of death yrs.  Where was disease contract if not at place of death?  Former or usual residence.	CAUSING DEATH, OF, In deaths from VIOLENT MEANS OF INJURY; and (2) whether ACCIDENT MEANS OF INJURY; and (2) whether ACCIDENT MEANS OF INJURY; and (3) whether ACCIDENT MEANS OF INJURY; and (2) whether ACCIDENT MEANS OF INSTITUTIONS, TRANSIENT IS IN THE MOS.  OR REMOVAL DATE OF BURIAL MARKS.

[Approved by U. S. Census and American Public Health Association.]

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The country   Contributory   Contr	, 19
MARRIED.  MARRIED.  MARRIED.  MODIVORED.  OD DIVIDENCE TO SHARM (Month) (Day) (Year)  TAGE    If LESS than 1 day. hrs.   16 LESS than 1 day. hrs.   17 LESS than 1 day. hrs.   18 LESS than 1 day. hrs.   18 LESS than 1 day. hrs.   18 LESS than 1 day. hrs.   19 LESS	
TAGE  (Month) (Day) (Year)  (It LESS than 1 day, hrs. or min.?  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  Pairthplace (State or country)  Dallimore  (State or country)  Sirthplace (State or country)  (Sta	1 000
Contributory.  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  NAME OF FATHER OLIVY. O. Triffing  (State or country)  11 BIRTHPLACE (State or Country)  (State or Country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or Country)  13 BIRTHPLACE (State or Country)  13 BIRTHPLACE (State or Country)  (Signed)  14 BIRTHPLACE (State or Country)  13 BIRTHPLACE (State or Country)  14 BIRTHPLACE (State or Country)  15 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUT OR RECENT RESIDENCE (FOR HOSPITALS. INSTITUT OR RECENT RESIDENCE (FOR HOSPITALS. INSTITUT OF RESIDENCE (FOR HOSPITALS. INSTI	18, 1
(a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE OF FATHER OLIVY. O. Eriffin  (Signed)  (Si	10,6
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  12 MAIDEN NAME OF MOTHER  OF MOTHER  13 BIRTHPLACE OF MOTHER  OF MOTHER  13 BIRTHPLACE OF MOTHER  OF MOTHER  OF MOTHER  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  Where was disease contracted,  Where was disease contracted,	an
(State or country)    Oname of Father   Olivey O. Triffing	mos
Signed  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Signed)	mos
OF FATHER (State or country) Caryland  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  *State the DISEASE CAUSING DEATH, or, in death CAUSES, state (1) MEANS OF INJURY; and (2) with TALL, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUT OR RECENT RESIDENTS)  Af place of death yrs. 2 mos. / ds. State // yrs. 2  Where was disease contracted,	neson
13 BIRTHPLACE OF MOTHER OF COUNTRY)  13 BIRTHPLACE OF MOTHER OF MY KNOWLEDGE  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  15 BLENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUT OR RECENT RECENT RESIDENCE (FOR HOSPITALS. INSTITUT OR RECENT RECENT RECENT RECENT RECENT RECENT RECENT RECEN	from Violether Acci
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Where was disease contracted,	Ons, Trans
Interment Mr achibald King Former or usual residence Baltimore	Where was disease contracted, Markenows 11 not at place of death?
(Address) 728.1927, W. Washyth D. 19 PLACE OF BURIAL OR REMOVAL DATE of Steen Mount Cinutary 220 UNDERTAKER 20 UNDERTAKER ADDRE	

[Approved by U. S. Census and American Public Health
Association.]

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cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUST and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puenpenal septicharinus," "Old Age," "Shock," "Uraemla." "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) by curbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasampie: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough: Chronio oma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report is icss definite; avoid use of "Tumor" for mallg The contributory Always qualify all diseases resulting from "Senlle." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

PHYSICIANS should state of OCCUPATION is very

AGE should be stated EXACTLY. properly classified. Exact statement

Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

RECORD

A PERMANENT

N. B.

STATE OF MARYLAND CERTIFICATE OF DEATH.

Registration Dist. No.

It death occurred in

VII.	2FULL NAME Sister Louise	give its NAME Instead
the same of the sa	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) Single	16 DATE OF DEATH GAYEMAY // , 1913 (Month) (Day (Year)
6 D.	ATE OF BIRTH  (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from  Nav 3, 1913, to Nav 11, 1913, that I last saw h & alive on Nav 11, 1913
TA	GE   If LESS than 1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at 8.05 a.m. The CAUSE OF DEATH* was as follows:
(a) pa (b) bus	CCUPATION ) Trade, profession, or rticular kind of work	(Duration) yrs mos ds.
-	(State or country) Maryland	Contributory Bulmenary Esolma
NTS	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)	(Signed) (Secretary of the Control o
PAREN	12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.
14 <sub>T</sub>	13 BIRTHPLACE OF MOTHER (State or country) New Yuk City n. y THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs ds. State yrs ds Where was disease contracted, if not at place of death?
	(Informant) Distir Marciana	Former or usual residence St. agres Washital
15	ed New 11 1913 Georg Sterry Mills	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Men Cathedral Cemetery 13, 1913.  20 UNDERTAKER ADDRESS
		Martin Yahry & 8 ms 608 M. Lafryette rar, 6 E. Franklin St., Bajto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the upplies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, As examples: For persons . "Foreman,"

Statement of cause of death—Namc, first, the Disease Causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canetc., when a defiuite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal sepiichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collanse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. The contributory "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for Never report For vio-



No. 1. 02 .

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#### Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 IS UNFADING INK-THIS WRITE PLAINLY, WITH

PLACE OF DEATH County Baltimore		64	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
1	41	4	

ounty Batimore	CERTIFICATE OF	DE
UVI	Registration Dist.	No.
illage or City Baynesullo (No.	St.;Ward)	a h
25111 NAME affice, B Suyton		glye of :
FULL NAME WITE 1 73 SMY WW	***************************************	

Vil	lage or City Saynesville (No. 1)	yton St.; Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF E	PEATH
3 5 1 F	emale 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, WITHOUTH THE WORD)		80 ,191. (Day (Year)
	(Month) (Day (Year)	HEREBY CERTIFY, That I at Jan 1910, to Nove that I last saw h	30th, 1913,
7 A (	1 day,hrs. OR	and that death occurred on the date stated ab The CAUSE OF DEATH* was as follows:	ove, at 12 JASbm.
(a) par (b) bus	CCUPATION Trade, profession, or ricular kind of work  General nature of industry, iness, or establishment in the employed (or employer)	heart order a	Frug
-	10 NAME OF TANADA	Contributory Paralysis - Ha Secondary (Durafley) . 2 (Signed) . 2	yrs 10 mos ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Naryland  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL	deaths from VIOLENT (2) whether Acciden-
Ь	13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN:  OR RECENT RESIDENTS)  Af place In the  of death yrs mos ds. State	TRANSIENTS,  YIS, MOS, ds
	(Informant) I True to the Best of MY KNOWLEDGE	If not at place of deafh?	
16 File	ed el/1 1919 Claud South me	Camp Chefel Cemeters &	DDRESS
		trar, 6 E. Franklin St., Balto., Requesting V. S. N	0. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civit engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illgainfully employed, as At schoot or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. it should be used only when necded. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Statement of occupation-Precise statement of occupais very important, so that the relative healthful-Spinner, If retired from business, that fact may be indi-Never return (b) Cotton mitt; (a) Salcsman, "Laborer," As examples: "Foremau,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvutar heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: dent; Revolver wound of head-homicide; Poisonell Accidental drowning; Struck by raitway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbotic acid-probabty suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Meastes (disease causing death), 29 (Recommendations on statement of "Exhaustion," For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

230



WRITE

PERMANENT INK UNFADING certificate. 6 back erm Instructions = DEATH See ö Every Item CAUSE OF OF mportant. 8

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St.: Ward) a hospital or iostitution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED, WIDOWED, (Month) (Day (Year) ORDIVORCED
(Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Year) TAGE it LESS than and that death occurred on the date stated 1 day .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or amployer) ..... Contributory BIRTHPLACE Secondary (State or country 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER ot death ...... yrs. ..... mos. ..... ds. State \_\_\_\_\_ yrs, \_\_\_\_ mos. Where was disease contracted. It not at place of death? Former or usual rosidence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 18 20 UNDERTAKER ADDRESS

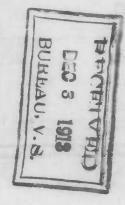
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are eugaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease cause of the same accepted term for the same disease. Examples: Cerebrospinal fever (the only disease. Examples: Cerebrospinal mening. S.): Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Log pneumonia; Bronchopneumonia pneumonia, meninges, peril maeum, etc., Carcinessis of lungs, meninges, peril me

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichac ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; State cause for



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pinous PHYSICIANS shou RECORD Exact statement EXACTLY. classified. pe properly ы supplied. pe may certificate. that It 80 0 be back terms, pinous plain Instructions 2 DEATH See ō OF Important. Every Its

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STATE OF MARYLAND 1 PLACE OF DEATH 15191 CERTIFICATE OF DEATH County Registration Dist. No. fif death occorred in Ward) a hospital or lostitution. give its NAME instead of street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE DEATH MARRIED. 191.2 WIDOWED, (Day (Month) (Year) (Write the word 17 I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH 191....., to 30 alive on ..... (Day (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated 1 day, .....hrs. OR ..... 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) --9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE ., 191 ..... (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place lo the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_ \_ ds. State \_ Where was disease contracted. If oot at place of death? Former or usuai residence. OR REMOVAL DATE OF BURIAL 20 UNDE ADDRES REGISTRAR If more blanks are needed, address State Register, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the msease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: (6)

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the certificate is permanently filed. tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

JAN CT 1914

Loca

BUREAU, V.S. RECEIVED JAN 30 1914

S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Sharrows (No. 250 LL NAME Sec. 15192	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OB RACE MARRIED, Lukerown WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH MONTH (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	deceased 11/21
(Month) (Day) (Year)  7 AGE About  3 3 yrs. mos. ds. ormin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	(Buration) yrs. mos. os.
9 BIRTHPLACE (State or country)	Contributory (Secondary)
11 BIRTHPLACE OF FATHER OF FATHER	(Signed) X (Address) A STORY
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE MOTRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Dangesty	if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOYAL DATE OF BURIAL
Filed Day, 3, 1913 My Cormies M. REGISTRAR	Country Denny Co ADDRESS Comstrong Denny Co ADDRESS Comstrong Denny Co ADDRESS
If more blanks are needed, address State Regis trar, 6	E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

mus," ture of the American Medical Association.) cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Purrerral acptichaeetc., when a definite disease can be ascertained as the -Hart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of .... "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary). 10 ds. nant neoplasms); Measles; Whooping cough; Chronic ls less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Revolver wound of had-homicide; Polsoned "Old Age," "Shock." 'Traemia," "Weakness," Always qualify all diseases resulting from "Senffe." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report Examples: For vio-20

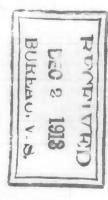


[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is necmine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "PUEBPEBAL peritonitis," childbirth or miscarriage, as "PUERPERAL septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomencla. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mallg. Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.; valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of etc. State cause for (name origin; "Can-Examples: For VIO-



OCCUPATION RECORD PERMANENT 4 UNFADING certificate. of terms. plain PLAINL Instructions ٥ 200 Every item CAUSE OF Important.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in a hospital or institution, give its NAME Instead of street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OF RACE MARRIED. 1915 WIDOWED, (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE in the At place OF MOTHER State (State or country Where was disease contracted. It not at place of death? usual residence 16

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

"Mauager," "Dealer," etc., without more precise specicated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every persou, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: But in many "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for ctc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," theniu." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection used not be stated unless important. ralvular heart discase; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (uamc origiu; "Canture of the American Medical Association.) scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "PUERPERAL septichae-"Exhaustiou,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 6 1913



**1** Y.

PLACE OF DEATH 15195	STATE OF MARYLAND
County Addition	CERTIFICATE OF DEATH Registered No
Village or City Jighan Tanon 39	[if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR BACE SINGLE, MARRIED, WIDOWED, MIDOWED,	16 DATE OF DEATH ON 25 (Month) (Day) (Year)
B DATE OF BIRTH  GROWGOED (Write the word)  6 DATE OF BIRTH	17 I HEREBY GERTIFY, That I attended deceased from 129, 1913, to 1913,
(Month) (Day) (Year)	that I last saw he alive on MV 30 191
7 AGE  If LESS than 1 day, hrs.  OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or perticular kind of work.  (b) General nature of industry, business, or establishment in	Could Miliary Matter
which employed (or employer)  BIRTHPLACE (State or country)	Gentributory Pulmernaty 03 dening (Secondary)  Buration yrs mos 2 ds.
on 11 BIRTHREACE	(Signed) (Signed) (Signed) (M.D. 3353E. Pac OS)
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where wes disease contracted, If not et piace of death?  Former or usual residence
(Address) 3927 & Juntary	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL  19 PLACE OF BURIAL  10 PLACE OF BURIAL
FIED 1910 REGISTRAR	20 gNOERTAKER ADDRESS ADDRESS ADDRESS ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

material worked on may form part of the second who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iii-"Manager," "Dealer," etc., without more precise speciapplies to each and every person, irrespective of age been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the tion is very important, so that the relative healthfui-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b) For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease to time and causation), using disease the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinology.

injury, as fracture of skull, and consequences (e. g., affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenciaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine defluitely. ACCIDENTAL, SUICIPAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUBY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Seniie," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 da. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Coliapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of .... mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples: For vio-



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15196 1 PLACE OF DEATH \* FULL NAME PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, ORDIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) If LESS than 7 AGE 1 day, .....hrs. OR ..... ? BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ----certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 0 OF FATHER (State or country) S back ARENT 00 12 MAIDEN NAME OF MOTHER See instructions 0. 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS OWLEDGE Informant Every Item CAUSE OF Important. Address ). 15 REGISTRAR

STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No.
St.; Ward)  [If death occurred to a hospital or institution give its MAME instead of street and number.]
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH NOV 21 113
(Month) (Day) (Year)
17 A I HEREBY CERTIFY, That I attended deceased from
1100-20 , 1913 to 100-21 , 1913
that I last saw hely alive on Nov 20 ,1913
and that death occurred on the date stated above, at 4,30/4m,
The CAUSE OF DEATH* was as follows:
And an
I Server Trumonnage
- Ban
(Duration) yrs mos > has
Contributory (Secondary)
(Daration) X yrs X mos. Zds.
(Signed) W. L. Muller, M. D.
100-121, 101.2 (Address) 248 So Thurs
*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place In the ot death yrs mos ds. State yrs mos ds.
Where was disease contracted, It not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL NEW 23, 191.3
20 UNDESTAKER / / ADDRESS 2016

If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting / S. No. 1.

(Year)

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, Tho are engaged in the duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second It should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causens of cause of death—Name, first, the disease causerion with respect to the and causation); using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

childbirth or miscarriage, as "Puenpenal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Uhronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mall; oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for "Exhaustion," Never report Examples:



N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING No. 1.

. S.

PLACE OF DEATH 15197	STATE OF MARYLAND
com   gattymore / 11	CERTIFICATE OF DEATH
County January 1	Registration Dist. No.
Shannows In Land	St; Ward) [If death occurred in
Village or City Manual,	a hospital or institution,
FULL NAME JITTHES AMI	of street and number.]
TOLL HAMING STATES	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE  MARRIED, WIDOWED, OR DIVORCED OR DIVORCED OR DIVORCED	(Month) (Day) (Year)
8 DATE OF BIRTH	17 I HEREBY CERTEY, That Lattended deceased from
1	of the decensed 11/2/
(Month) (Day) (Year)	that I last saw h alive on 1913
7 AGE about It LESS than 1 day,hrs.	and that death occurred on the date stated above, at
V 8 yrs. mos. ds. or min.?	The CAUSE OF DEATH* was an follows:
BOCCUPATION	June 4
(a) Trade, profession, or particular kind of work	
(b) General nature of Industry, business, or establishment in	(Duration) yrs moe TS
which amployed (or employer)	
9 BIRTHPLACE (State or country)	Gentributory (Secondary)
10 NAME OF	(Deration) yrs mos ds.
FATHER MARKET ATTICLE	(Signed) (Signed) (Signed) (Signed)
O 11 BIRTHPLACE	1/3/ 1913 (Address) Therms Coul
T 11 BIRTHPLACE OF FATHER (State or country)  W 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING BEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Colinal Affaile	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place
OF MOTHER (State or country)	of death yrs mos ds. State yrs, mos ds
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Intermant) Muffer Start	Former or usual residence
· Manna Point	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) (Address)	Burringle Northaug, Fo. Na MOV 5 1913
more 30 1913 4 Manna MA	20 UNDERTAKER ADDRESS
FILE	armstrong Dennylo Back
If more blanks are needed, address State Regis trar, 6	

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, periionaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "Pueeperal peritonitis," etc. State cause for childbirth or miscarriage. as "Puerperal scotichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," scpsis, tctanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "H'art failure," "Haemorrhage," "Inanition," "Maras. thenla," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitlal nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Mcasles (disease causing "Senile." (Recommendations on statement of may be stated under the head of terminal conditions, such as "Asetc.), or Homicidal, or as probably "Dropsy," "Exhaustion," (name origin; "Candeath), 29 Examples:



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilt death occurred in a hospital or institution. give its NAME instead ot street and number.]

MEDICAL CERTIFICATE OF DEATH (Year) (Day I HEREBY CERTIFY, That I attended deceased from 191 3 \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDEN-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, .... yrs. \_\_\_ DATE OF BURIAL t9t ..... ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. The Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is necfirst live will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonacum, etc., Carcin-

"Contributory." mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichac etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less defluite; avoid use of "Tumor" for maligoma, Sarcoma. etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Ileart failure," "Haemorrhage," "lnauition," "Maras genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of "Exhaustion," Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.

DEC 6 1913



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

Vill

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TH	-	•		•	4.

PLAGE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

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1000	10.0000	Perm	Trine	Ve Thout	_
age or Gity Lak	ew-vecce	No	J	sau/stipl	Ward)
,	01	11 1	0	/	
	Kh .		4-		
2FULL NAME	11cms	00.	one	w.	

[If death occurred la a hospital or Institution, give its NAME instead ot street and number.]

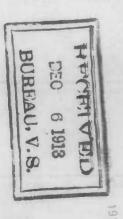
FULL NAME	orcow.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MUNICIPAL WIDOWED, WIDOWED, ORDIVORCED ORDIVORCED	16 DATE OF DEATH  (Month)  (Day  (Year)	
Male White (Write the word)  6 DATE OF BIRTH  Sle 27, 1850	17   HEREBY CERTIFY, That I attended deceased from  Left 22 cm, 191 2 to left 9 1913,  that I last saw have alive on left 8 14 1913	
(Month) (Day (Year)  7 RGE	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:	
(a) Trade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	Brucho-Pueummen  (Duration) yrs. mos. 4.0s.	
9 BIRTHPLACE (State or country) Maryland  10 NAME OF FATHER John Irwin.	Contributory Aganic Almertia Secondary  (Duration) yrs mos ds.  (Signed) , M. D.	
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Lea Hoandly	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,	
13 BIRTHPLACE OF MOTHER (State or country) Release	At place of death yrs. mos ds. State yrs. mos. ds. Where was disease contracted,	
(Address). 223 & Croso R. Cely	it not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Level Street St	
Filed Nov 9 ,198 Marshell B Wrot- REGISTRAR  If more blanks are needed, address State Revise	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	
and more and medical address plate fiegls	trat, o as Franchia St, Datto, Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the honsehold only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

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nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (mercly symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Naras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceiis less definite; avoid use of "Tumor" for mally-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," Never report



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state Very of OCCUPATION IS PHYSICIANS RECORD PERMANENT EXACTLY. properly classifled. UNFADING INK-THIS Important. Every It

#### 15200 STATE OF MARYLAND

1 PLACE OF DEATH

CERTIFICATE OF DEATH

Registration Dist, No.

.Ward)

fit death occurred in a hospital or institution, give its NAME instead ot street and number.]

Colgala (No.

	-FULL NAME	( The state of the	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
38	** COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month)	, 1918 (Year)
	(Month) (Day (Year)	that I last saw herealive on	From 1919
7 A	ge If LESS than t day,hrs. ORmin.?	and that death occurred on the date state. The CAUSE OF DEATH* was as follows:	
(a	CCUPATION ) Trade, protession, or ricular kind of work	Cornele	-920 ·
bus	General nature of industry, iness, or establishment in ich employed (or employer)	Contributory 37	yrs mos of ds.
	10 NAME OF FATHER PHILL LAKED	Secondary	yçs mos ds
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, CAUSES, state (1) MEANS OF INJURY;	or, in deaths from Violent and (2) whether Acciden-
PAR	12 MAIDEN NAME OF MOTHER DE SALE CALLINO	18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENCE)	
_	13 BIRTHPLACE OF MOTHER (State or country)	At piace in the ot death yrs, mos ds. State Where was disease contracted,	
14 -	(Informant)	If not at place of death?	
15	(Address)	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL, 191
	CIME IIII Tamphan	20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Nervant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman," (4)

("Pneumonia," pneumonia"); term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to "Croup";) fever (the only definite synonym is Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc., meningitis"); Diphtheria (avoid use of Typhoid Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tubereujever (never report "Typhoid "Epidemic cere-

> affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic oma, Sareoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitie," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness." "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Mcdical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions." "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of or HOMICIDAL, or as probably "Dropsy," "Exhaustion," "PUERPERAL septiehae-Never report



RECORD PERMANENT QUIONIB 4 S 00 THIS ESERVED NX UNFADING C ARGIN WITH WRITE

> No. 1/2

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PLACE OF DEATH 15201 state Very Welline should is OCCUPATION PHYSICIANS **FULL NAME** 10 statement PERSONAL AND STATISTICAL PARTICULARS EXACTLY. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. ORDIVORCED (Write the word) Exact stated DATE OF BIRTH classified. (Month) be (Dav (Year) TAGE It LESS than should 1 day hrs. OR ..... 7 properly AGE BOCCUPATION (a) Trade, profession, or particular kind of work supplied. pe (b) General nature of industry, business, or establishment in may which employed (or employer) ..... certificate. 9 BIRTHPLACE (State or country) Carefully that 10 NAME OF FATHER ō pe back PARENTS 11 BIRTHPLACE terms, should OF FATHER (State or country 0 12 MAIDEN NAME plain See Instructions OF MOTHER Information = 13 BIRTHPLACE OF MOTHER (State or country) DEATH 14 THE ABOVE IS/TRUE KNOWLEDGE 0 Item P Important. Every It (Address).... 15 œ.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 30 use flates trop ward

	[It death occurred in
)	a hospital or institution,
	give its NAME instead
	of street and number.1

cols.	of s	street and number.]
MEDICAL CERTIFIC	ATE OF DEAT	н
18 DATE OF DEATH Com	21	
(Mont	h) (Day	(Year)
17 I HEREBY CERTIFY.  1913, to	That I attended	ed deceased from
and that death occurred on the date  The CAUSE OF DEATH* was as fol		191 S.
		```
Cerelnel E	Mus	Lebert demander
	on) yrs	mos / ds.
Contributory Secondary	al la	
1/2 2 0	ilon) yrs	ds.
(Signed) , 191 (Address)	Jud	solle ky
*State the DISEASE CAUSING DEC CAUSES, state (1) MEANS OF INJU- TAL, SUICIDAL, OF HOMICIDAL.	ATH, or, in deat	ths from VIOLENT whether Acciden-
16 LENGTH OF RESIDENCE (FOR HOS OR RECENT RESIDENCE) At place	In the	
of death yrs mos ds.  Where was disease contracted, If not at place of death?	State yrs.	ds
Former or Balto.	mil	
19 PLACE OF BURIAL OR REMOVAL	hov.	V6 1913
Lio. L. Schwab	ADDR M30 2/10	WIII A

1f more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speci-Civil engineer, Stationary freman, etc. But in many applies to each aud every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be eutered as fication as Day laborer, Farm laborer, Laborer-Coal Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

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valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronie injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as mus," "Old Age," "Shock," "Uraemia," "Weakness." "Heart failure," "Haemorrhage," "luanition," "Marastheuia," "Anaemia" (merely symptomatic), "Atropby," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sareoma, etc., of...... (name origiu; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "PUERPERAL septichae-"Exhaustion," Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

8161 s Jan



No. 1.

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RECORD properly classified. Exact statement PERMANENT stated EXACTLY. AGE should be UNFADING INK-THIS IS carefully supplied. WRITE PLAINLY, WITH B.—Every item of information should be CAUSE OF DEATH in plain terms, s

PHYSICIANS should state of OCCUPATION Is very CAUSE OF DEATH in plain terms, so that it milmportant. See instructions on back of certificate.

15202 1 PLACE OF DEATH County Bacio

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.-

maynoh,	1 1	
(No,		V
	1	

Vii	2FULL NAME Cornelius	Ashuca St.; Ward)	a hospital or institution, give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	EATH
3 5	MARRIED, WINDOWS, ORDINORED (Write the word)	(Month) (1	2 3 , 1913 Day (Year)
8 D.	May 13 , 18 45 (Month) (Day (Year)	that I last saw have alive on how 19	2-5 , 1973
7 A	( )	and that death occurred on the date stated abo The CAUSE OF DEATH* was as follows:	
(a) pa (b) bus wh	CCUPATION ) Trade, profession, or rticular kind of work	Contributory (Duration) y	
	10 NAME OF FATHER PURCUOION	(Signed) Shaws Have	, N. O.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and (2) TAL, SUICIDAL, OF HOMICIDAL.	dontha from Wearness
Δ	OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INST OR RECENT RESIDENTS) At place in the of death yrs mos ds. State Where was disease contracted, if not at place of death?	yrs, ds
15	(Address) White Mars L Pos	4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	TE OF BURIAL
FII	ed Nov 24, 1915 Jwitamon > 8 REGISTRAR		This marks

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations galnfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indlespecially in industrial employments, it is nec-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefidite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scosis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerpenal septiehaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report



PLACE OF DEATH 15203	STATE OF MARYLAND
County La ally	CERTIFICATE OF DEATH
	Registration Dist. No
Village or City Seasof (No	St.; Ward)  [If death occurred In a hospital or Institution give its NAME Instead
* FULL NAME Jewes Wood	sow Johnson of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Inal white (Write the room)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY GERTIFY, That I attended deceased from
BDATE OF BIRTH Pray 1 193	200 3 1913, to 200 7 1913
(Month) (Day) (Year)	that I last saw h Long, allve on 1207 7 ,191.3
7 AGE If LESS than t day,hrs.	and that death occurred on the date stated above, atm
yrs ds.   ormin.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or	Mearles
particular kind of work.	
(b) General nature of Industry, business, or establishment in	(Ouration) yrs. mos. 5 ds.
which employed (or employer)  BIRTHPLACE (State or country)	(Secondary)
(State of country)	(Agrafian) yrs mos 3 ds
10 NAME OF FATHER Pobut Johnson	(Signed) , M. D.
OF FATHER	11 7 , 191 3 (Address) July 20
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
a my harly	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease confracted, If not at place of death?
(Informant) fot at Johnson	Former or usual residence
(Address) Starty Aug	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 June 8 117 1/201/14	20 UNDERTAKER ADDRESS
Filed REGISTRAR	Stillings & Son Chest les
/ If more blanks are needed, address State Registrs	ur, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekcepers Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name are presented to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc... Carcin-

sepsis, tetanus) may be stated under the head such, if impossible to determine definitely. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 deture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "Puepperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 2 1918 BUKKAU, V. S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 15204	STATE OF MARYLAND
Batto 1	CERTIFICATE OF DEATH
County	Registered No. 43
Village or City Glyndon (No. )	St; Ward) [If death occurred la a hospital or Institution,
* FULL NAME Margaret 19	Mohnston give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale Whele (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  MOU 25, 1942  (Month) (Day) (Year)	that I last saw h & 2 alive on M2 2 4 1913.
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
	The CAUSE OF DEATH* was as follows:
e occupation (a) Trade, profession, or particular kind of work.	Pareses
(b) General nature of Industry, business, or establishment in which employed (or employer)	Down Kun (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) M. C. Bertie Co	Contributory (Secondary) (Ourgilleg) yrs mos ds.
10 NAME OF FATHER LIMINOU	(Signed) Printing, M. D.
V 11 BIRTHPLACE OF FATHER (State or country)  W 12 Mailen NAME OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT
a Oleabeth Jolli	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds. Where was disease contracted.
Interment Me Mona Bowelra	If not at place ot death?
(Address) Cylyndon Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Nov 34, 191 3 JTMOLa JE REGISTRAR	BUNDERTAKER ADDRESS ADDRESS
If more blanks are needed, address State Registran	r, 6 E. Franklin St., Ealto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lunga, meninges, peritonacum, etc.. Carcinosis of lunga, meninges, peritonacum, etc.. Carcinosis

childbirth or miscarriage, as "Puerperal septichar-LENT DEATHS state MEANS OF INJUSY and qualify as cause. etc., when a definite disease can be ascertained as the ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvulur heart disease; Chronic interstitial nephrlitis nant neopiasms) : Measles; Whooping cough: Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Tuerperal peritonitis," tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for (name origin: "Can-Examples: For vio-



OCCUPATION PHYSICIANS RECORD ERMANENT CTLY. S AG UNFADING PLAINL pial of information DEATH in pia See Instruction OF Every item CAUSE OF Important. m

15205 STATE OF MARYLAND CERTIFICATE OF DEATH Gounty..... Registration Dist. No. Village or City St:.....Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX COLOR OR RACE MARRIED WIDOWED. (Month) Write the word HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Day) (Month) TAGE If LESS than and that death occurred on the date stated above, at 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment In (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE ARENT OF FATHER (State of country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2). Whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death ...... yrs. ..... mos. ..... ds. State ..... yrs. .... mos. Where was disease contracted. 14THE ABOVE IS TRUE If not at place of death? Former or usual residence ACE OF BURIAL (Address) 15 20 UNDERTAKER REGISTRAR

Ilf death occurred in

a hospital or institution.

give Its NAME Instead of street and number. 1

(Day)

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speci-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industy; and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomencia "Contributory." injury, as fracture of skuil, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Turrperal schiichae mus," "Old Age," "Shock," "Traemia," "Weakness," ampic: Measles (disease causing death), 29 ds. ture of the American Medicai Association.) scpsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convuisions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... valvular heart disease; Chronic interstitual nephritis The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head (name origin; "Can State cause for Examples: For vio-20

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

E161 8 230



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

	1 PLACE OF DEATH 15206	STATE OF MARYLAND
C	ounty	CERTIFICATE OF DEATH
	C/20	Registered No. 33
V	illage or City IT MUS (No.	St; Ward) [If death occurred li
	*PULL NAME Stee bay	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 5	have When married,  widower,  where word)	16 DATE OF DEATH 24 , 1913.  (Month) (Day) (Year)
6 D	ATE OF BIRTH  Z( , 1913  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from , 191, 191, 191
7 AC	If LESS that 1 day, Ars. OR min.?	and that death occurred on the date stated above, atm.  The CAUSE OF BEATH* was as follows:
(a) par (b) busi	CCUPATION Trade, profession, or ficular kind of work	Steen 6 mg. ds. ds.
	RTHPLACE ate or country) Beliv - Cer Mil	(Secondary)
TS	10 NAME OF FATHER Gen Phily Jung  11 BIRTHPLACE OF FATHER	(Signed) Acros (Signed) (Signed) (Address) (Signed) (M. B. M. B. M. 14, 1913) (Address) (Address) (Address)
ARENTS	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER 1	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
Ω.	13 BIRTHPLACE OF MOTHER (State or country) Md	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds.
14 <sub>T1</sub>	informant Je Chily John MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence.
15	(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
File	1 hword, 181 3 Jonslade	20 UNDERTAKER ADDRESS
		r, 6 E. Franklin St., Balte., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Absociation.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has mine, etc. who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing are affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

affection need not be stated unless important. such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seniie," etc.), "Dropsy," "Exhaustion," "Colianse." "Coma," "Convulsions," "Debility" ("Con-(henia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_ ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver scound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (secondary or intercurrent) (name origin; "Can-01

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191



V. S. No. 1.

N. B.

should is OCCUPATION PERMANENT classified. UNFADING certificate. 0 back Instructions pial = DEATH WRITE See item OF mportant. ш Every

state

1 PLACE OF DEATH 15207 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No... If death occurred in a hospifal or institution. give its NAME Instead of street and number.1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. (Month) (Dav ORDIVORCED I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH that I last saw h.....allye on ..... (Month) (Day 7 AGE If LESS than and that death occurred on the date stated above, at... 1 day, hrs. The CAUSE OF DEATH\* was as follows: Yrs.......mos,......ds. OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country). Contributory..... Secondary 10 NAME OF M. D. ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. .... State ..... yrs. \_ Where was disease contracted. If not at place of death?.... usual residence. PLACE OF BURIAL/OR REMOVAL DATE OF BURIAL 15 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nection is very important, so that the relative healthfulwho receive a definite salary); may be entered as Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-Spinner, many occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Scnile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from Measles (Recommendations on statement of may be stated under the head (disease causing death), 29 (secondary or intercurrent) State cause for "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC - 1913



7. E. No. 1.

should is OCCUPATION RECORD statement PERMANENT classified. O AG supplied. pe UNFADING may that it ma certificate. 10 pino PLAINLY WRITE DE CAUSE mportan

state

15208PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No... I'll death occurred in a hospital or institution. give its NAME instead of street and number. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED, WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I sttended deceased from 6 DATE OF BIRTH (Year) (Day) 7 AGE if LESS than and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... mio. ? mos. BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_\_\_\_ yrs, \_\_\_\_ mos, \_\_\_\_ ds. State ...... yrs, \_\_\_\_ mos, ..... ds. Where was disease contracted. MY KNOWLEDGE if not at place of death?-Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

. the nature of the business or industry; and therefore an cated thus: Farmer (retired 6 yrs.). fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative Realthfulmine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpersal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," Accidental drowning; Struck by railway train-acct-"Collapse." "Coma," "Convulsions," "Debility" "("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is iess definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 4 1913



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED

County Sulling	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Caulo (No. 3229)  2 FULL NAME Charles	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Mobiled Orbite (Write the word)	(Month) (Day) (Year)  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  Jan 24, 1856  (Month) (Day) (Year)	(Let 28, 1913, 1200 / 1913, that I last saw hamalive on 200 / 1913
7 AGE If LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at 1.450 m, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) Consol patron of leading	Crebral Halsmann and
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Jermany	Contributory Alexander (Secondary)
10 NAME OF FATHER Frederick Bleine	(Signed) (Deration) yrs mos ds.  (Signed) , M. D.  Down, 1913 (Address) 3030 Odownell
(State or country) Germany  12 MAIDEN NAME OF MOTHER NOT RENOUNT	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Not known	At place in the of death yrs mos ds. State yrs mos ds.
(Informant) & houstona Rleine	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) 3229 First are	Wh Carnel Cernetery Nov. 4 , 1913
Files 19102 RECISTRAR  If more blanks are needed, address State Registra	20 UNDERTAKER  Girkler and Girkler 3204 6 20 omeel 3  r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry; and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). causing peath, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekccpers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, Irrespective of age. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples:

Statement of cause of death—Name, first, the DIBEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-bosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla-LENT DEATHS STATE VEANS OF INJURY and qualify as accidental, suicidal, or homicidal, or as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Pureperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Ohronic interstitial nephritts nant ncopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name orlgin; "Can Examples: For vio-



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should is PHYSICIANS should of OCCUPATION RECORD PERMANENT cla -THIS INK supplied, UNFADING certifica o o terms, n back 00 plain Instructions 2 DEATH See 9 Item OF mportant. Every It 0 ż

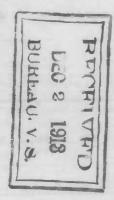
15210 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Daltimore Registration Dist. No. If death occurred in Ward) a hospital or institution, give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from (Wonth) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day. hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory... Secondary (Duration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OFFATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT Causes, state (1) Means of Injury; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death ..... yrs. .... mos. .... State ..... yrs. \_\_\_\_ mos. \_ ds. Where was disease contracted. If not at place of death? usual residence 15 Men Calluctura 191 5 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groeery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. statement. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the enly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of (secondary or intercurrent) Never report For vio-



UNFADING INK-THIS IS

See instructions on back of certificate.

Every item of information should be CAUSE OF DEATH in plain terms.

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Important.

PHYSICIANS should state of OCCUPATION is very

PERMANENT

15211 1 PLACE OF DEATH County Baltimore

STATE OF MARYLAND CERTIFICATE OF DEATH 9

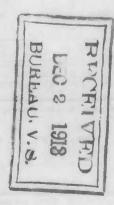
		Registration Dist. No
Vii	llage or City St ignes Drognostal.	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead
	FULL NAME Baby Learner	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	Male White Single,  Whate Street  Single,  MARRIED,  WIOWED,  ORDIVORCED (Write the word) Single	(Month) (Day (Year)
8 D	ATE OF BIRTH  May 10, 1.9/3.  (Month) (Day (Year)	that I last saw h alive on 1913.
7 A		and that death occurred on the date stated above, at
(a pa (b) bu: wh	OCCUPATION ) Trade, profession, or ricular kind of work	(Duration) yrsmosds.
	10 NAME OF FATHER  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER	(Signed). Secondary (Doration) yrs mos ds.  (Signed). Secondary (Doration) yrs mos ds.  (Now 10, 191 3 (Address) Shagun I'm
PARENTS	(State or country)  12 MAIDEN NAME OF MOTHER  Posie Stoffman  13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
14 7	OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)	At place of deathyrs,mosds. Stateyrs,
16 Fil	ed Nov 11, 1913 Geold Linas &  REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  Mor 11, 191 3  20 UNDERTAKER  ADDRESS BALTS AT 1419 & Pro 14

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persous engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Groccry; (a) Foreman, (b) Automobile factory. The first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ample: Mcastcs (disease causing death), 29 ds.; cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puenperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) totanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report For vio-



TEACE OF DEATH 15212	STATE OF MARYLAND
10-01	CERTIFICATE OF DEATH
County Callinori	Prelitation Dist N.
	Registration Dist. No.
Village or City Chenton (No	St.: Ward)   [if death occurred in
(110,	a hospital or Institution, give its NAME Instead
6 1900	of street and number 1
FULL NAME LIMA OELLE	E G G
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	10 DAYE OF DEATH
WIDOWED MANUEL	(Month) (Day (Year)
male While ORDIVORCED (Write the word)	17 , I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	Oct 17 1913, to 7/00 3 , 1913,
11 6 19/3	1910., 10.
(Month) (Day (Year)	that I last saw h. M. alive on Mr. 3 , 1910
7 AGE If LESS than	and that death occurred on the date stated above, at 9300 m.
6 4 yrs 0 mos 9 ds. t day, hrs.	The CAUSE OF DEATH* was as follows:
	Charin Gastation wall
(a) Trade, profession, or particular kind of work	Vastatian Colorent
particular kind of work	
(0) beneral nature of industry,	
business, or establishment in which employed (or employer)	(Duration) yrs mos ZO ds.
BIRTHPLACE (State or country)	Contributory Cozart Failure
(State or country)	Secondary
10 NAME OF	(Duration) Described meetings.
FATHER STATES OF COMMENTS	(Signed) Gagal M. Bush., M. D.
O 11 BIRTHPLACE	11, 6, 1913 (Address) Hampslind mid
11 BIRTHPLACE OFFATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
M 12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
13 BIRTHPLACE 13	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds
THE ABOVE STRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
9-7-14	If not at place of death?
(Intermant)	Former or usual residence
Walsa woll This I.	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
(Address) 122 Loop f	Kada 9, the Mon 9 3
a il le in 6 7 M m	20 UNDERTAKER ADDRESS
Filed Mary 6 1913 Cyall OF Tourse 11 4	ADDRESS ADDRESS
Lord REGISTRAR	Manfellad attampshead
/ II more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto, Requesting V S No 1



[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. statement. fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; who have no occupation whatever, write Yonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative bealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman," (6)

pneumonla"); lesis of lungs, ("Pneumonia," unqualified, is Indefinite): Tubercu-"Croup";) brospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the nisease for the same disease. Examples: Cerebrospinal meningitis"); Diphtheria (avoid Typhoid Lobar pneumonia; Bronchopneumonia meninges, peritonaeum, etc., fever (never report "Typhoid Carcin-

> "Contributory." Accidental drowning; Struck by railway train-acci-LENT NEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puenperal septichae etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgcultal," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name orlgin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "Asture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Bronchopneumonia (secondary), 10 ds. The contributory "Old Age," "Shock," "Uraemla," "Weakness," Always qualify all diseases resulting from tctanus) (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



RECORD

OCCUPATION classified. properly may DEATH IP DA

that CAUSE OF important. Every It m z

PLACE OF DEATH STATE OF MARYLAND County Balt CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in a hospital or Institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, W Write the word) I HEREBY CERTIFY. That I attended deceased from 8 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at a 1 day, ....hrs. OR .... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) ..... Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 0 13 BIRTHPLACE At place In the OF MOTHER (State or country) .... yrs. ..... mos. State ..... yrs. .... mos. Where was disease contracted. If not at place of death? Former or usual residence DATE OF BURIAL 15 ADDRESS If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-(a) Spineer, (b) Cotton mill; (a) Salcsman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

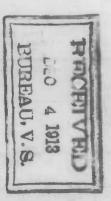
Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—In with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Tubarcumonia; Unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

Claud Danish

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. cause of death approved by Committee on Nomencla LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Puzzembal septichaeetc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of .. ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Collapse." "Coma," "Convulsions." "Debility" ("Con-Bronchonncumonia (secondary), 10 ds. Never report nant neopiasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) "Old Age," "Shock." Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of "Traemia," "Weakness," \_ (name origin; "Can State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 4 1



SICIANS should occupation is PHYSICIANS RECORD 0 statement PERMANENT classified. 4 pe shoul properly supplied. pe may certificate. carefully that it 0 0 terms, n back should plain Instructions information = EATH WRITE of 0 POF mportant. ы Every 0 ż

STATE OF MARYLAND 1 PLACE OF DEATH 15214 CERTIFICATE OF DEATH Registration Dist. No. If death occurred to .Ward) St .: a hospital or Institution. give its NAME lostead of street and oumber. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S-BINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at, 1 day .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... mio. ? BOCCUPATION (a) Frade, profession, or particular klod of work... (b) General nature of Industry. business, or establishment lo which employed (or employer) ..... Contributory..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 21, 1913... (Address) 11 BIRTHPLACÉ ENT OF FATHER \*State the DISMASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-ARI 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the OF MOTHER (State or country) of death ..... yrs. ..... mos. .... ds. State Where was disease contracted. MY KNOWLEDGE If not at place of death? Former or usual residence. OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative meaithfuiwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Scrvant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpersal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Rart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mereiy symptomatic), "Atrophy," ampie: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitlal nephritis. nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is iess definite; avoid use of "Tumor" for malls. The contributory (secondary or intercurrent) tetanus) may be stated under the head Aiways qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 4 1913



### BINDING FOR RESERVED MARGIN

4 UNFADING INK-THIS IS

PHYSICIANS should of OCCUPATION IS RECORD properly classified. Exact statement PERMANENT stated EXACTLY. should be AGE carefully supplied. may be See Instructions on back of certificate, that it item of information should be DEATH in plain terms,

state

### WRITE PLAINLY, WITH CAUSE OF No.

Important.

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15215 1 PLACE OF DEATH Back Middle Ryver

14 THE ABOV

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;.....Ward)

[it death occurred in a hospital or institution, give its NAME Instead ot street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 \$	A COLOR OR RACE  SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH NOV 9, 191. (Month) (Day (Year)
8 D	Mor 9, 143  (Month) (Day (Year)	I HEREBY CERTIFY, That I attended deceased from
7 A		and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a pa (b) bus wh	CCUPATION ) Trade, protession, or riticular kind of work ) General nature of industry, siness, or establishment in ich employed (or employer)  IRTHPLACE (State or country)	Contributory Secondary
ARENTS	10 NAME OF FATHER John Luitz  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed) John (Address) M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
14 1	OF MOTHER manie Espey  13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  Luck	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piace In the ot death
15 Fil	ed Nor 9, 1913 SW Hacron In 4 REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  Jacques Form  20 UNDERTAKER  AND LINES (Freha)  ADDRESS  SmotherCan

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The cated thus: statement. material worked on may form part of the second who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home, Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, ctc, Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the mus," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Can-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations ou statement of may be stated under "Dropsy," "Exhaustion," the head of Never report



No. 1. 02

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH 15216  STATE OF MA  GERTIFICATE OF  Registration De  Village or City St. agrees No. St.; Ward  2FULL NAME Mrs. Alice Mc Jugan	of DEATH ist. No. 72
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE	OF DEATH
Jemale White Single, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, (Month)  Temale White (Write the word) Married 17   HEREBY CERTIFY. That	(Day (Year)
B DATE OF BIRTH  Nov. 4 1913 to 2	vr 14 1913.
(Month) (Day (Year) that I last saw h 2 alive on 2	U. J
7 AGE It LESS than and that death occurred on the date state	d above, at 5 h m.
1 day,hrs. The CAUSE OF DEATH* was as follows:	
(a) Trade, profession, or particular kind of work.  (but the Cauchy Cauc	unaton
(b) General nature of Industry, business, or establishment in which employed (or employer)	/ yrs. 6 mos. ds.
State or country)  Contributory Central Culture Secondary	Sution of
10 NAME OF FATHER Natthew Form (Signed) was Botundar	
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL.	
(State or country) & cland  *State the Disease Causing Death, or Causes, state (1) Means of Injury; or Tall, Suicidal, or Homicidal.  *State the Disease Causing Death, or Causes, state (1) Means of Injury; or Tall, Suicidal, or Homicidal.  *State the Disease Causing Death, or Causes, state (1) Means of Injury; or Tall, Suicidal, or Homicidal.	
13 BIRTHPLACE OF MOTHER In the	yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Where was disease contracted, It not at place of death?	, Have , W
(Informant) Mr. John McYingan Former or usual residence 600 & Nano	restSt
(Address) 600 S. Namover St. 19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
16 / New Catheolisal	Mer 15, 191 3
Filed Man 14 181 3 Swashwarf 20 UNDERTAKER REGISTRAR Land	703 & Carrens

1f more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. statement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," ctc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingits"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucesis of lungs, meninges, peritonaeum, etc., Carein-

nant neoplasms); Measles; Whooping cough; Chronie mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaectc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakuess," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Coutributory." LENT DEATHS state MEANS OF INJURY and qualify as genital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As ture of the American Medical Association.) scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanitlon," "Maras-Bronehopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of may be stated under (secondary or intercurrent) State cause for Never report For vio-



V. S. No. 1.

RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF M	IARY	LAND
CERTIFICATE	OF	DEATH

PLACE OF DEATH 1921	STATE OF MARTLAND
County Baltimore	CERTIFICATE OF DEATH
odulity.	Registration Dist. No
Village or City Otighlandtown (No. 371).	Ward)  [if death occurred in a hospital or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Formale White. MARRIED, Wildowsto, OR DIVORCEO (Write the word)	(Month) (Day (Year)
B DATE OF BIRTH HON. 27 th 1913.	17 I HEREBY CERTIFY, That I attended deceased from  Nov. 27, 1913, to Nov. 28, 1913,
(Month) (Day (Year)	that I last saw II
7 AGE   If LESS fhan 1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at O. 30/1.m.  The CAUSE OF DEATH* was as follows:
*OCCUPATION (a) Trade, profession, or particular kind of work	Inanition
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country) Baltimore Co	Contributory 5/2 Mos (remolure Secondary Birth Buration) yrs mos ds.
10 NAME OF William G. Juc Lyman	(Signed) S. a. Glant, M. D.
of FATHER (State or country) Phode Osland.	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT
(State or country) Phode Island,  W 12 MAIDEN NAME Chiabeth To. Smith.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Rhode Island.	At place In the of death yrs mos ds. State yrs, mos ds
(informant) William G. M. Syman	Where was disease contracted, If not at place of death? Former or Usual residence
(Address) 3717 Foster are	Schwarter Cum Hov. 19th 1913.
Filed 10-29, 1912 3/1. 6. M. Canaha.	20 UNDERTAKER ADDRESS Sille & Teiler HOR & World St

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mme, etc. fication as Day laborer, Farm laborer, Laborer-Coal cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits cau be known. The question who have no occupation whatever, write None. been changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many tiou is very important, so that the relative healthful-Statement of occupation-Trecise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, many occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Couvulsions," "Debility" ("Contheuia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (discase causing death), 29 ds.; affection uced not be stated unless important. valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-"Heart failurc," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory totanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for "Exhaustiou," Never report



1 PLACE OF DEATH 15218	STATE OF MARYLAND	
A HOSPITAL FOR CONSUM	CERTIFICATE OF DEATH	
County Dallmort OF MARY AND.	Registration Dist. No. 38	
Village or City Towns (No. (No. )	St; Ward)  [If death occurred in a hospital or institution, give its NAME Instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male 4 color or race 5 single, Married, Widower, Ordivorced (Write the word)	16 DATE OF DEATH ON OMAL , 191.  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from	
6 DATE OF BIRTH OF G. 1885	that I last saw h MM alive on PWV 15, 1913,	
(Month) (Day (Year)  7 AGE    If LESS than   1 day,hrs.   ORhrs.   OR	and that death occurred on the date stated above, at 3.30 f.m.  The CAUSE OF DEATH* was as follows:	
6 OCCUPATION (a) Trade, profession, or particular kind of work.	Culmonary interembers	
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) 12 yrs. — mos. — ds.	
9 BIRTHPLACE (State or country) Dallo, and	Secondary (Buration)	
10 NAME OF Joines Mc Shane.	(Signed) B. M. Berugarts, M. D.	
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Arah Orabley	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
13 BIRTHPLACE OF MOTHER (State or country)  14	At place of death yrs mos. /8 ds. State 28 yrs. /_ mos. 9 ds Where was disease contracted,	
(Informant) has Euma a Joyce	If not at place of death?  Former or usual residence. 3626 Park St. Any	
(Address) 3626 Park Leghts are Belto	Jonne Drae Contery , 191	
Filed Nov-15, 1913 M. J. Jorle REGISTRAR	WM J. Tickner hoth o Jamesy low	
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as who have no occupation whatever, write None. CAUSING DEATH, been changed or given up ou account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," state occupation at beginning of ill-As examples: "Foreman,"

pnenmonia"); Lobar pneumonia; Bronchopneumonia lesis of lungs, ("Pnenmonia," "Cronp";) brospinal meningitis"); Diphtheria fever (the only definite synouym is term for the same disease. Examples: Cercbrospinal time and cansation), using always the same accepted causing death (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE Typhoid meninges, peritonaeum, etc., unqualified, is indefinite): Tubereufever (never report "Typhoid "Epidemic cere-(avoid use Carcin-

> sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "PUERPERAL peritonitis," etc. State cause for natural heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably childbirth or miscarriage as "Puerperal septichaeetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), (secondary or intercurrent) "Dropsy," "Exhaustiou," Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 4 1913



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RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

14

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ACE	OF	DEATH	
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1 PL

STATE OF MARYLAND CERTIFICATE OF DEATH

County Sallmon	1 A JOHN TORIL OF B.
	Registration Dist, No.
Village or City Wt Howkemal (No.	, St.; Ward) a
*FULL NAME Patrick Martin	of of

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
AGE  Month  (Month)  (Day  (Year)  (AGE  (Month)  (AGE  (AGE	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from Olly 20  1913, to Nov 32112, 1913, that I last saw hour alive on Nov 32112, 1913.  that I last saw hour alive on the date stated above, at 8113 mm, The CAUSE/OF DEATH* was as follows:		
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  Authory  11 BIRTHPLACE OF FATHER	(Duration) Z yrs. 0 mos. 0 ds.  Contributory Cerebral Engestern - Secondary  (Duration) yrs. mos. / Lords.  (Signed) Lyank Thanks, M. D.  Nov 2"d, 1917 (Address) Mt Strankshaus.		
12 MAIDEN NAME OF MOTHER Mary Barrette  13 BIRTHPLACE OF MOTHER (State or country) Felgund	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of deathyrs mos ds. State yrs ds.		
(Informant) Records Why top Remote  (Address) Mat Hope Mat	Where was disease contracted, Ballanaca If not at place of death?  Former or USUAI residence.  Ballanaca  19 PLACE OF BURIAL OR REMOVAL  Bornu Braz Ballanaca  19 PLACE OF BURIAL  10 PLA		
Filed Mo 3 to Caury WS	20 UNDERTAKER ADDRESS		

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question gainfully employed, as At school or At home. mine, etc. Women at home, who are engaged in the statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scotichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. "," "Old Age," "Shock," "Uraemia," "Weakness," is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," Never report



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DEATH

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Instructions

PHYSICIANS

RECORD

15219 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Ballemore Registration Dist. No Ilf death occurred in Village or City. a hospital or Institution. give its NAME Instead of street and number. I Lours tranklus Manheur MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, ORDIVORCED (Write the word) HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at f day ..... hrs. The CAUSE OF DEATH \* was as OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory... Secondary 10 NAME OF FATHER Querro PARENTS OF FATHER (State or country) Co \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted. 14 THE ABOVE IS TRUE TO THE If not at place of death? usual residence DATE OF BURIAL (Address) .----15

If more blanks are needed, address State Registrar E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

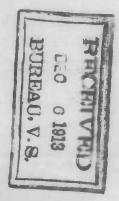
should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. essary to know (a) the kind of work and also (b)first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulmine, etc. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursnits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. -Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be Indi-Women at home, who are engaged in the Never rcturn "Laborer," As examples: But in many "Foremau," (e)

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> valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railray train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., whou a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection uced not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... ture of the American Medical Association.) sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. Bronchopncumonia The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary), 10 ds. ... (uame origin; "Can-"Exhaustiou," Never report For vio-

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DEC 6 1913



RECORD PERMANENT EXACTLY. 4 IS INK UNFADING WITH should WRITE of

15220 1 PLAGE OF DEATH Very should st OCCUPATION PHYSICIANS statement PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED, (Write the word) DATE OF BIRTH classified. (Month) (Day (Year) 7 AGE If LESS than 1 day,....hrs. OR ..... 7 properly 6 OCCUPATION (a) Trade, profession, or particular kind of work. supplied. be (b) General nature of industry, business, or establishment in may which employed (or employer) ..... certificate. 9 BIRTHPLACE (State or country) that 10 NAME OF FATHER 0 terms, n back ARENTS 11 BIRTHPLACE OF FATHER (State or country) 0 12 MAIDEN NAME DEATH in plain OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE See OF Important. Every It 15 REGISTRAR

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. Ilf death occurred in

a hospital or Institution, give its NAME Instead ot street and number.]

### MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	Nor	19'=	. 1913
	(Month)	(Day	(Year)
	BY CERTIFY, That	I attended de	ceased from
lect 31	18th to Up	N/90	, 1913,
that I last saw h	alive on No	r 19th	, 191
and that death occurred	on the date state	d above, at	30 Pm,
The CAUSE OF DEATH	* was as follows:		
	***************************************		
	il 160		g
Much	al vou	MINTA	70
	(Duration)	yrs.,	mos.3. ds.
Contributory /	sental L	esens	é
Secondary	17		
	(Duration)	yrs	mosds,
(Signed)	09/1/a	de/	, M. D.
CMV2/ 191 3	(Address) Oec	Consort	le Wed,

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place 33 yrs. ... in the \_ ds.

Where was disease contracted,

State ..... yrs. \_\_\_

If not at place of death?

usual residence

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman. etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: But iu many "Foremau," (7)

pneumonia"); Lobar time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia." brospinal meningitls"); term for the same disease. "Croup";) Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc., (the only defiuite synonym is "Epidemic cere-Typhoid force (never report "Typhoid unqualified, is indcfinite): Tubercupneumonia; Bronchopncumonia Diphtheria Examples: Cerebrospinal (avoid use

> nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 affection used not be stated unless important. valvular heart discase; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. For vio-"Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion,"

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DEC 6 1913



1 PLACE OF DEATH 15991	STATE OF MARYLAND
County But 15221	CERTIFICATE OF DEATH
<b>1</b>	Registered No.
Village or City Court (No. 1308	St; Ward) [If death occurred in
2 FULL NAME Henry Mi	the ward) a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, WIDOWED, (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Feb 22,1834	191/, to 17 / 6 , 191 3,
(Month) (Day) (Year)	that I last saw h ham allve on N OY (6 ,191 3
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 3.16 f. m,
7 9 yrs. 8 mos. 2 4 ds. OR min.?	The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work.  Carfenter	Shock & Peritonita
(b) Deneral neture of industry, business, or establishment in which employed (or employer)	(Ouration) yrs mos 3 ds.
9 BIRTHPLACE (State or country) Dermo	Contributory Strangulated herria (Secondary)
10 NAME OF FATHER — Mille	(Signed) (Signed) yrs
2 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	Nor 17, 191. 3 (Address) Delimed are of Jamel &
12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs, mos ds.
(Informant) Many Mile Davies	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) 131 40hSV. Brothly Mf.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
FIRMEN, 18, 1813 WE Mache	20 UNDERTAKER ADDRESS TO AS
If more blanks are needed, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

wbo have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative heaithfui-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, As examples:

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever mever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Pubbperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of \_ is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-For VIO-



V. S. No. 1.

CERTIFICATE OF DEATH OCCUPATION IS Registration Dist. No Ilt death occurred in a hospital or institution, give its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, CL 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 191....., to.... classified. that I last saw h..... allve on.... (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at...... 1 day .....hrs. The CAUSE OF DEATH \* was as follows: properly OR ..... min. ? BOCCUPATION AG (a) Trade, protession, or particular kind of work supplied. (b) General nature of Industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER of back ENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUIGIDAL, or HOMICIDAL. AR 12 MAIDEN NAME piain OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE A1 place OF MOTHER of Inform DEATH See Instru (State or country) ot death ..... yrs. .... mos. .... \_ ds. State ..... yrs, \_\_\_\_ mos, \_\_\_ ds Where was disease contracted. It not at place of death? CAUSE OF Important. S Former or (Intermant) usual residence. BURIAL OR REMOVAL DATE OF BURIAL 15 30UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Batto., Requesting V. S. No. 1.

STATE OF MARYLAND

15222

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcatcd thus: Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted pneumonla"); Lobar pneumonia; Bronchopneumonia "Croup";) brospinal term for the same disease. Examples: Cerebrospinal ("Pneumonia," fever (the only definite synonym is Statement of cause of death-Name, first, the DISEASE of lungs, meningitis"); Typhoid meninges, peritonacum, etc., unqualified, is indefinite): Tubercufover (never Diphtheria (avoid use report "Typhoid "Epidemic cere-Carcin-

> nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debllity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning, Struck by railway train—acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report



B 0 OCCUPATION RECORD PERMANENT classified properly may certifica = that 9 of back plain Instructions = EATH 5 2 Every Item CAUSE OF Important,

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. fif death occurred in St:----Ward) a hospital or institution. give its NAME Instead of Street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE S SINGLE. MARRIED. WICOWED. ORDIVORCEO I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than t day,....hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. bosiness, or establishment in which employed (or employer) ..... Contributory 9 BIRTHPLACE (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country et death ...... yrs. ..... mos. .... ds. State ..... yrs, ..... mos. Where was disease contracted. It not at place of death? Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1. /3

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, it should be used only when needed. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereu-lesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of..... (uame origin; "Canaffection need not be stated unless important. scpsis, totanus) may be stated under the head dent; Revolver wound of head-homieide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertakeu. For viomia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolie acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," Never report 01



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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

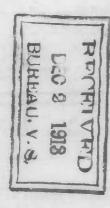
PLACE OF DEATH 15224	STATE OF MARYLAND
County Daltmore	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City St. agrees Hopkistal	St; Ward) [If death occurred in a hospital or institution,
FULL NAME Mr. J. Warry	More give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	18 DATE OF DEATH
Male White (Write the word) Married	(Month) (Day (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
July 12 1859	1913, to Mar 26, 1913
(Month) (Day (Year)	that I last saw ham alive on how 26, 1913
7 AGE It LESS than	and that death occurred on the date stated above, at
54 yrs 4 mos 14 ds. OR min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	ac Supporative Nefebrila
(a) Trade, protession, or particular kind of work.	
(b) General nature of Industry,	
business, or establishment in which employed (or employer)	(Duration)yrsmosds.
BIRTHPLACE (State or country) Maruland.	Secondary Manancy Cedency
10 NAME OF FATHER	(Duration) yrs mos ds.
Joseph S moore	(Signed) — Local Mural , M. D.
11 BIRTHPLACE OF FATHER (State or country)	Now 2 7, 191. 3 (Address) Stagum Ibar.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Informant) Mr Jarry Morre	If not at place of death?  Former or  usual residence. Clearskring Md.
(Address) Plearskring, Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
5 - 1	Clear Spring Wash Care Man 31, 1913.
Filed Man 27 1913 Secul Shower	20 UNDERTAKER ADDRESS
REGISTRAR	Lea Schilling & Same Mount & around
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto, Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, been changed or given up on account of the pisease For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persous return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death if the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobay: pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronie Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origiu; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head State cause for Never report For vio-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Carelon (No. 1619)	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIEO, WIGOWEO, WOODWOO, ORTOVORCEO (Write the word)  6 DATE OF BIRTH  MR. RACE  SINGLE, MARRIEO, WOODWOO (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from  191, 191,
(Month) (Day (Year)  7 AGE   If LESS than f day,hrs. ds. OR min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER CONKINGTON  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed) (Ouration) yrs mos ds.  (Signed) , M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Address) / 6 /9 Chiloso  16 Pho. 24, 193 C.E. McClauahay	19 PLACE OF BURIAL OR REMOVAL  ABOUT 19 PLACE OF BURIAL OR REMOVAL  ADDRESS  FOR FRANCIS St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. cated thus: fication as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death if the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the Aecidental drowning; Struck by railway train—aeeisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; Always qualify all diseases resulting from Never report For VIO-



60 should OCCUPATION PHYSICIANS RECORD Jo statement PERMANENT EXACTLY. Exact classified. properly AGE supplied. pe may certificate. that 80 9 back terms, should 0 plain Instructions 5 EATH DE/ See 90 Every Item CAUSE OF Important.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. [If death occurred in .Ward) a hospital or lostitution, give Its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OF RACE 16 DATE OF DEATH MARRIED 191 WIDOWED, MORDINGED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH alive on ..... Month (Day (Year) TAGE If LESS than and that death occurred on the date stated above 1 day, .....hrs. OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE Contributory. (State or country) Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death \_\_\_\_\_ yrs. \_\_ State \_\_\_\_\_ yrs. \_\_\_\_ mos., ..... mos. ... Where was disease contracted. If not at place of death?. Former or usual residence (Address) 20 UNDERTAKER If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Meduesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaectc., when a definite disease can be ascertained as the thenia," "Anaemla" (merely symptomatie), "Atrophy," Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. Always qualify all diseases resulting from mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debillty" ("Con-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

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RECORD

PLACE OF DEATH 15227 CERTIFICATE OF DEATH elmin Registration Dist. No. Iff death occurred in Village or City .Ward) a hospital or Institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH L1/2, 1913 (Year) (Month) (Day) 7 AGE It LESS than and that death occurred on the date stated above, at ..... 1 day, .... hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) M. (Duration) . 2 1 10 NAME OF FATHER 50 back (Address) 11 BIRTHPLACE ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. 0 OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death ...... yrs. ..... mos. ..... ds. State ..... yrs. ..... mos. .... ds Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death? Former or (Intermant) ... usual residence. mportant. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 30 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

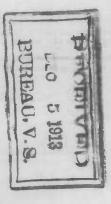
cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite sainry), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: But in many The question For persons "Foreman," (4)

losis of lungs, meninges, peritonaeum, etc.. pneumonia"); "Croup"); Typhoid time and causation), using aiways the same accepted causing prate (the primary affection with respect to brospinal meningitis"); Diphtheria fever (the only definite synonym is "Epidemic cereterm for the same disease. ("Pneumonia," Statement of cause of death-Name, first, the DISEASE Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tubercufever (never Examples: Cerebrospinal report "Typhoid (avoid use of

> ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convuisions," "Debliity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of \_ Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Old Age," "Shock." 'Traemia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can-The nature of the "Exhaustion," Examples: scptichae-

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DEC = 1913



No.

15

Village of City Arlington (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 32  [If death occurred in a hospital or institution, giva its MAME lostead of street and number.]
*FULL NAME / GA ALLE XI. C LIX	WEDGEL GERTIFICATE OF PERSON
PERSONAL AND STATISTICAL PARTICULARS  SEX 4 COLOR OR RACE MARRIED, MANUEL WIDOWED, MONUEL OR DIVORCED (Write the word)	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  (Month) (Day) (Year)  17 Warz I HEREBY CERTIFY, That I attended deceased from
F DATE OF BIRTH  S	that I last saw h M. alive on Destroy 10 1913, and that death occurred on the date stated above, at 111 m. The CAUSE OF DEATH* was as follows:
e occupation  (a) Trada, profession, or particular kind of work.  (b) Genaral nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
OFFATHER PLASE Co. Lepton  10 NAME OF FATHER PLASE Co. Lepton  11 BIRTHPLACE OFFATHER (State or country) Professional  12 MAIDEN NAME OF MOTHER Packel Hanes	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country) Mijunia	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  A1 place In the of death yrs, mos, ds.
(Intermant) Blanch Panell  (Address) Arlington  (Address) Home (Address) Arlington  Filed Mor. 11 th 1913 Homy a. Naylor,  REGISTRAR	Where was disaase contracted, If not at place of death?  Former or usual residenca.  19 PLACE OF BURIAL OR REMOVAL  Capenbudge W. Va.  20 UNDERTAKER  ADDRESS  ADDRESS  ALLSWILLE

if more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. additional line is provided for the latter statement; applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies

ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. childbirth or miscarriage, as "Purperal scottchacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms) ; Measles; Whooping cough: Chronio cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras. "Colianse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. Exoma. Sarcoma. etc., of .. "Contributory." The contributory Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



1913

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Very OCCUPATION IS pinous PHYSICIANS RECORD of statement EXACTLY. Exact ciassifled. properly be may certificate. that jo back terms E O plain See Instructions Information 2 of Inform item OF CAUSE OF Important. 0 ż

(b) General nature of industry,

business, or establishment in

9 BIRTHPLACE (State or country)

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10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

(Address'

OF MOTHER

OF FATHER (State or country)

which employed (or employer) ......

15229 1 PLACE OF DEATH (No. 2FULL NAM MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 5 SINGLE, 3 SEX MARRIED. WICOWED, OROIVORCEO (Write the word) vulo 6 DATE OF BIRTH (Month) (Day) 7 AGE If LESS than 1 day, ....hrs. /C3ds. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or institution. give its NAME Instead of street and number. 1

	16 DATE OF DEATH Nov. 28 -, 1913
	(Month) (Day) (Year)
-	17 I HEREBY CERTIFY, That I attended deceased from
	Nov. 24-191, to Nov 28 - 1913.
-	that I last saw ham alive on Nov. 28 - 191 B
1	and that death occurred on the date stated above, at
	The CAUSE OF DEATH* was as follows:
~	acuto minimatio
	Convulsions
	(Duration) yrs, mos ds.
	Contributory
	(Secondary)
-	(Signed) Thu. S. Corse, M. D.
1	(Signed) M. O. Leorse, M. D.
	Mr. 29., 1913. (Address) Gardenville
-	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	At place In the
В	4 4 4
	of death yrs mos ds. State yrs mos ds
	Where was disease contracted,
-	of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, If not at place of death?  Former or
	Where was disease contracted, If not at place of death?  Former or usual residence
	Where was disease contracted, If not at place of death?
	Where was disease contracted, If not at place of death?  Former or usual residence.  19 BEACE OF BURIAL OF REMOVAL  DATE OF BURIAL  AUGUST 1913
	Where was disease contracted, if not at place of death?  Former or usual residence.  19 Brace of Burial or Removal Daye of Burial

If more blanks are needed, address State Regis trar, 6 E/Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

KNOWLEDGE

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has statement. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." As examples: For persons

Statement of cause of death—Name, first, the disease causing meath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carciniosis of lungs, meninges, peritonaeum,

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PLACE OF DEATH 10230	STATE OF MARYLAND
Baltonin 16	CERTIFICATE OF DEATH
County Williams	Registration Dist. No.
D1 1 100 1:	Registration Dist, No
Village or City West with lid INO.	St.; Ward) [It death occurred in a hospital or institution,
- /c	give its NAME Instead
2FULL NAME Walter E. 10	asks of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED,	16 DATE OF DEATH M. 197 , 1913
mah Whiti- ORDIVORCED (Write the word)	(Month) (Day (Year)  17 ) 1 HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH	17 1 MEREBY CERTIFY, That I attended deceased from
Oct 15 1913	, 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191 , 191
(Month) (Day (Year)	that I last saw h alive on 191
7 AGE If LESS than	and that death occurred on the date stated above, atm,
yrs	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	pp A
(a) Trade, protession, or particular kind of work.	FEST Disa
(b) General nature of Industry,	
business, or establishment in which employed (or employer)	(Ouration) yrsmosds.
9 BIRTHPLACE	Contributory Facluse of Closure of
(State or country)	France (Oval Doration) we man de
10 NAME OF	12 T. O
FATHER Armard Carks	(Signed) 11, Dursey, M. D.
O 11 BIRTHPLACE OF FATHER	MW 19, 1913. (Address) Forar Md
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL
11 BIRTHPLACE OF FATHER (State or country)  12 Maid Monther OF MOTHER	
a allowar 1. 0.05	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER	At place in the
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ot death yrs, mos ds. State yrs, mos ds Where was disease contracted.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	It not at place of death?
(Informant) Thursday (March	Former or usual residence
(Address Frotunille Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	mayo Cametery M. 20 1913
Filed Mon 19 1913 06 & Seumy & MA	20 UNDERTAKER ADDRESS
AEGISTRAR	me Philipolis
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second additional live is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when necded. the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing deficient with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iddefinite): Tubereuctess of lungs, meninges, peritonaeum, etc., Carein-

oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUEBPERAL peritonitis," etc. childbirth or miscarriage as "Puenperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. naut neoplasms); Measles; Whooping eough; Chronic eer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for Never report For vio-



### ZOZ 0 ESI ARGIN

RECORD PERMANENT WRITE Every its

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ATH in plain

OF

Important.

OCCUPATION

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. It death occurred in ....Ward) a hospital or lostitution, give its NAME lostead ot street and nomber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, 16 DATE OF DEATH marre MARRIED. WIDOWED, ORDIVERCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 7.20 Pm DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ..... 1 day hrs. DEATH\* was as follows: OR ..... ? 8 OCCUPATION (a) Trade, protession, or (b) General nature of industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Secondary (Duration) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death ...... yrs. ..... mos. .... .. ds. Stafe ..... yrs. \_\_\_\_ mos. Where was disease contracted, 14 THE ABOVE IS It not at place of death? Former or usual residence DATE OF BURIAL 16 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

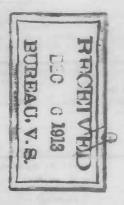
the nature of the business or industry, and therefore an "Manager," "Dealer," etc., without more precise speciness of various pursuits can be known. The question who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (b)

lesis pneumonia"); ("Pnenmonia," "Croup";) brospinal term for the same disease. Examples: Cerebrospinal time and causatiou), using always the same accepted CAUSING DEATH (the primary affection with respect to fover (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc., meningitis"): Diphtheria Typhoid fever Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tubereu-(never report "Typhoid (avoid use of

> nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sareoma, etc., of...... (name origin; "Can-"Contributory." scpsis, tetanus) such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viochildblith or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. State cause for Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head of Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1988



N. B.

15232	
PLACE OF DEATH	STATE OF MARYLAND
Batt	CERTIFICATE OF DEATH
County Janumnya	
CG X	Registration Dist, No. 3 8
Village or City Jovanna (No. )	Ward)  [If death occurred in a hospital or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Lefute Single, Married Wildowsh, ORDIVORGED (Write the word)	18 DATE OF DEATH /8 , 191.3 (Month) (Day (Year)
DATE OF BIRTH The 1831	17 Nov 2 HEREBY CERTIFY, That I attended deceased from 2, 1913, to 13, 1913,
(Month) (Day (Year)	that I last saw h Mn alive on Nov 12 ,1913
7 AGE If LESS than	and that death occurred on the date stated above, at 12300 m.
8/ yrs // mos. 2 / ds. 1 day,hrs. OR min.?	The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or	1
(a) Trade, profession, or particular kind of work	a Certerio-Schauses.
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) 3 yrs. mos. ds.
State or country) Mun land	Gontributory
10 NAME OF Lym PRAde cord	(Signed) (D. MocMan), M. D.
11 BIRTHPLACE OF FATHER (State or country)  Many land	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
of Mother Mangart Tolles	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Mayland	OR RECENT RESIDENTS)  Af place In the of death yrs, mos, ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(informant) Fred Weddier	Former or usual residence
(Address) Walker ave, Tower	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Flied Nov- 15 1913M. H. York	20 UNDERTAKER ADDRESS QUE.
Deputy Local REGISTRAR	W/m J. Tickener Month . Pennsylvin

If more blanks are needed, address State Registrar, 6 E. Eranklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the niseAsE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. "Manager," "Dealer," etc., without more precise speci-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," who are engaged in the "Foreman," (7)

Icsis of lungs, meninges, peritonaeum, etc., pneumonia"); ("Pneumonia," unqualified, is indefinite): Tubercuprosbinal time and causation), using always the same accepted "Croup";) fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal causing death (the primary affection with respect to Statement of cause of death-Name, first, the nisease meningitis"); Diphtheria (avoid use of Typhoid Lobar pneumonia; Bronchopneumonia fever (never report "Typhoid Carcin-

> scpsis, tetanus) may be stated under the head of mus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from genital," "Senile," etc.), "Dropsy," "Exhaustion, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory" injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. The contributory SUICIDAL, OF HOMICIDAL, or as probabily (Recommendations on statement of (secondary or intercurrent) State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 4 1913



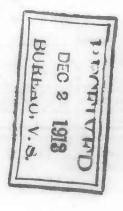
15233STATE OF MARYLAND CERTIFICATE OF DEATH should is Registration Dist. No. OCCUPATION Ilf death occurred in St.:....Ward) hospital or Institution. RECORD give its NAME lostead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT EXACTLY. 16 DATE OF DEATH S SINGLE, SEX 4 COLOR OR RACE MARRIED. --(Month) (Day) Write the I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH classified. (Year) (Month) (Day) If LESS than 7 AGE and that death occurred on the date stated above, at 10 1 day ..... hrs. The CAUSE OF DEATH\* was as follows: THIS OR ..... min. ? properly BOCCUPATION (a) Trade, profession, or AG particular kind of work ... suppiled. may be (b) General nature of Industry. business, or establishment in UNFADING (Duration) which employed (or employer) ..... 9 BIRTHPLACE (State or country) (Doration) .....yrs....mos. 10 NAME OF WITH 191.3. (Address).\_ ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden. 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State ...... yrs. \_\_\_\_ mos. ..... ds. EAT Where was disease contracted. If not at place of death?... 4 Former or Item usual residence Every item CAUSE OF important. DATE OF BURIAL 15 REGISTR if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers material worked on may form part of the second cated thus: Farmer (rettred 6 yrs.). "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative leaithful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: For persons "Foreman," 9

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "PURFFERAL septichargenital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inantition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Con mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: valvular heart disease; Ohronic interstitial nephritis usat neopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumer" for mailg "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably oma. Surcoma. etc., of \_\_ The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples:



8. No.

Very

County

1 PLACE OF DEATH

15234

(Day)

If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

### STATE OF MARYLAND CERTIFICATE OF DEATH

(1	Registration Dist. No.
Pashor	St.; Ward)  [if death occurred in a hospital or institution, give its NAME lostead of street and number.]
RS	MEDICAL CERTIFICATE OF DEATH
012	16 DATE OF DEATH
ugle	(Month) (Day) (Year)
1)	17 I HEREBY CERTIFY, That I attended deceased from
.909	Nov // 1913, to Nov /2 , 1913,
(Year)	that I last saw her alive on Nov 17,1913
If LESS than	and that death occurred on the date stated above, at 12300m,
1 day,hrs.	The CAUSE OF DEATH* was as follows:
	Jon and Laryn. Deptheria
4	Con. and daryn. Defelherea
	(Duration) yrsmos
00,	Contributory (Secondary)
vjatowsk	(Signed) (Depation) yrs mos ds.
oferous	nov 12, 1913. (Address) 30350Donnell
land	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
= ====	
curvna	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
land+	At place In the of death yrs mos ds, State yrs mos ds.
EDGE	Where was disease contracted, If not at place of death?
bask	Former or usual residence
70	Town Posasa Jan 1913
REGISTRAR	20 UNDERTAKER ADDRESS
TIEGISTRAR	Millian +1 Whowsky 1618 Castern

[Approved by U. S. Census and American Public Health
Association.]

ness. If retired from business, that fact may be indiduties of the household only (not paid Housekeepers material worked on may form part of the second statement. Never return "Laborer," "Foreman," additional line is provided for the latter statement; applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of iii-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., Without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the If the occupation has Farmer or Planter, For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convuisions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Mcasics (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis uant neopiasms); Measles; Whooping cough; Chronical oma. Surcoma. etc., of \_ cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struct by railway train—acciture of the American Medicai Association.) is less definite; avoid use of "Tumor" for malig The contributory (secondary or Intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," (name origin; "Can State cause for "Exhaustion," Never report Examples:



15235

[Approved by U. 8, Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be Indlof persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: causing death, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. (a). Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSINO DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably cblldblrth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) -Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can Examples: For vio-



V. S. No. 1.

A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pialn terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

### 15996

PLACE OF DEATH TOROU	STATE OF MARYLAND
county Baltimore	CERTIFICATE OF DEATH
Se 1	Registration Dist. No. 41
Village or City Sighland (No. 516, B	Mard) [If death occurred in a hospital or lostitution,
P . D	give its NAME instead of street and number.]
2FULL NAME TEORGE	anh or street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY GERTIFY, That I attended deceased from
april 473 .857	July 14, 1913, to November 201913.
(Month) (Day (Year)	that I last saw h mailys on Vortular 17, 1913
TAGE If LESS than	and that death occurred on the date stated above, at 45 Pm,
3 7 yrs 2 mos 6 ds 0 R min. ?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION MA /	Curcuroma of Stomach with
(a) Trade, profession, or Merchant Parlor	and Parenega !
(b) General nature of industry, business, or establishment in	P. 11
which employed (or employer)	(Duration) Zyrs mos. ds.
9 BIRTHPLACE (State or country)	Secondary Secondary
10 NAME OF D	(Doration) yrs mos ds.
FATHER John (lank)	(Signed) Kohan Seslied lumary, H. D.
O 11 BIRTHPLAGE	Nov 21 ,191 3 (Address) 872 Park Que
Z OF FATHER (State or Sountry) Service any	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
OF FATHER (State or Sountry) Germany  12 MAIDEN NAME OF MOTHER MANAGEMENT AND	
13 BIRTHPLACE (A)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the
(State or country)	of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(informati) Muniste. Manh	Former or
316 & Highland Are	19 PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL
(Address) of the state of the s	120 manualizable 21 2250 1
Files 11 3 1913 16 6. Mil Tanana	20 UNDESTATES ADDRESS
REGISTRAR	H. Hander Hono 1710 flock ff

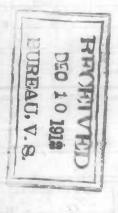
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal cated thus: been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthful-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retlred from business, that fact may be Indl-Never Farmer (retired 6 yrs.) For persons rcturn "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISTASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerreral septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) . "Contributory." scpsis, tetanus) may be stated under the head of "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mallgby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railray train-acciwhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or Intercurrent) Always qualify all diseases roulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion, cause for



a hospital or Institution.

give its NAME instead of street and number. 1

..... 191

(Day)

[Approved by L. S. Census and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many cated thus: Farmer (retired 6 yrs.). ness. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iil-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. Women at home, who are engaged in the statement. material worked on may form part of Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore au essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbeen changed or given up on account of the pisease Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer-Coal "Manager" "Depler" ate it should be used only when needed. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-"Dealer" "te Taborer," "Foreman," (b) Cotton mill; (a) Salcsman, ore precise speci-As examples: For persons the second The

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease in a scepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned such, if impossible to determine defiultely. Examples: ACCIDENTAL, BUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puepperal septichaecause. etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile." etc.), "Dropsy," "Exhaustlon," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless Important. valvular heart disease; Chronic interstilial nephritis. ture of the American Medicai Association.) injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as thenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles nunt neoplasms); Measles; Whooping cough; Chronic "Contributory." "Coliapse." "Coma," "Convulsions," "Debllity" ("Con-Bronchopneumonia (secondary). 10 ds. oma. Sarcoma. etc., of ..... is less definite; avoid use of "Tumor" for mailg The contributory (secondary or Intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (disease causing (name orlgin; "Can death), 29 Never report For vio-



S. No. 1.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT N. B.

1 PLACE OF	DEATH	15238
// / // /		

County Galtmore

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;... ...Ward)

[It death occurred in a hospital or institution, give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, MACRIED, MARRIED, MIDWED, ORDIVORCED ORDIVORCED (Write the word)	18 DATE OF DEATH
6 DATE OF BIRTH april 13, 1836	17 I HEREBY CERTIFY, That I attended deceased from  191 3 to 1913,  that I last saw h 27 alive on 1913
7 AGE (Month) (Day (Year)  1 It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 14 a m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of industry.	Jenne deblig following
business, or establishment in which employed (or employer)	(Duration) Zyrs
10 NAME OF Julian Hook	Secondary  (Duration) yrs mos & ds.  (Signed) Search Conservation, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  An desnoy	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs mos ds. State yrs, mos ds Where was disease contracted, It not at place of death?
(Informant) Mrs (Delle Margan	Former or usual residence
Filed Mor 15 191 3 Mr. F. Colayton REGISTRAR	Daltonore Concless Dov. 16th, 1913  20 UNDERTABLES  Tredo Lassahn Woons Fillerton Mo
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None, cated thus: CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Crocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," uuqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canetc., when a definite disease can be ascertained as the ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Sentle," etc.), "Dropsy," "Exhanstion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tolanus) may be stated under the head of (Recommendations ou statement of For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

5 1913



W. S. No. 1.

	7	N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it maimportant. See instructions on back of certificate.
i	>	ry iter ISE O ortant.
F. B. NO. 1.		CAU
		Z

County Baltunis 239	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.	
Village or City ( raidale (No. 1)  Mac Thias Rene  * FULL NAME Maria Review	St.; Ward)  [If death occurred in a hospital or institution, give its NAME lostead of sfreet and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX  4 COLOR OR RACE  MARRIEO, WIDDWED,	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from	
6 DATE OF BIRTH  (Month)  (Day)  (Tear)	1913, to 1717/4 1913, that I last saw h 2 alive on 1717/4 , 1913	
7 AGE   If LESS than 1 day,hrs. ormio. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:	
B OCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of indusfry,	Melactasis	
business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Contributory (Secondary)  (Duration) yrs mos mos mos mos mos mos mos mos mos mo	
OF FATHER  (State or country)  10 NAME OF MACHINE STATES  11 BIRTHPLACE  (State or country)  Austra	(Signed) Scarple. Eng., M. D.	
12 MAIDEN NAME MANIA Planses  13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place	
OF MOTHER (State or country) Mochaic  14THE ABOVE 19 TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mac Unico Personal Mac Unico	of death yrs. mos. ds. Stafe yrs. mos. ds.  Where was disease contracted, if oof at place of death?  Former or usual residence.	
(Address) Proedale Dnd  Filed mr 15 1913 Justania 5	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER ADDRESS  ADDRESS	
REGISTRAR  If more blanks are needed, address State Registres	Chas, W. Lants / Yossville by	

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry; and therefore an applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc... Carcin-

Accidental drowning; Struck by railway train-acctture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senlle," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... zer" is iess definite; avoid use of "Tumor" for mail: The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-



PERMANENT certificate. 0 back instructions DEATH of OF mportant. 11 Every

PLACE OF DEATH 15240 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. death occurred in ....Ward) a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SÉX 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED. WIDOWED! ORDIVORCED (Write the word) (Month) I HEREBY CERTIFY. That I attended deceased from 8 DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day, .... hrs. The GAUSE OF OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ..... BIRTHPLACE Contributory. Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State ..... yrs, \_\_\_\_ mos. Where was disease contracted. KNOWLEDGE It not at place of death?... Former or usual residence. 19 PLACE OF BURIAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None, cated thus: Farmer (retired 6 yrs.) For persons fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the household only (not paid Housekeepers it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," The (4)

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ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds., (Recommendations on statement of (secondary or interchrrent) "Dropsy," "Exhaustion," State cause for Never report



•	Linus /	STATE OF MARY CERTIFICATE OF Registration Dist.  St.; Ward)	DEATH
	STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH	
Junale 16000	RORRACE SINGLE, MARRIED, WIOOWED, ORDIVORCED (Write the word)	(Month)  17 I HEREBY CERTIFY, That I at	(Year)
ADATE OF BIRTH		00 01 5 0	4 191 3.
\$000000 downco.com	(Month) (Day (Year)	that I last saw h. Lo. alive on	
<sup>7</sup> AGE	# 11 LESS than 1 day,hrs. OR	and that death occurred on the date stated at The CAUSE OF DEATH* was as follows:	00ve, at 8.30 Cam,
(a) Trade, profession, or particular kind of work. (b) Beneral nature of industry, business, or establishmenf in which employed (or employer).  BIRTHPLACE (State or country)	0 .	Pastro Entirel  (Durafion)  Contributory Secondary	yrs. mos. 5 ds.
10 NAME OF FATHER  11 BIRTHPLACE	Johna cher ter Roley	(Signed) B Reus in	yrs mos ds.
OF FATHER (State or country	maryland	*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, Or HOMICIDAL.	eaths from VioLent (2) whether Acciden-
13 BIRTHPLACE OF MOTHER (State or country	Maryland Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTS)  Af place in the of death yrs	STITUTIONS, TRANSIENTS,
(Informant)	o the Best of MY KNOWLEDGE	Where was disease confracted, if not af place of death?  Former or usual residence	
(Address)	3 B R Busse 1 A	Popular lemelay	10 6 1913  Doress  Sparks
	,		· <i>b</i>

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second applies to each and every person, irrespective of age. cated thus: should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are eugaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberouless of lungs, meninges, peritonaeum, etc., Carcin-

ample: Mcastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) The contributory (secondary or intercurrent) (Recommendations ou statement of may be stated under the head of Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 4



OCCUPATION RECORD FNJ PE pe may certificate. that 80 0 terms, plain Instructions Ξ of Inform DEATH CAUSE OF Important. S

15242 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give Its NAME instead of street and numbor.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. MA ORDIVORCED (Write the word) Month) (Day I HEREBY CERTIFY, That I attended deceased from 17 DATE OF BIRTH 191..... to that I last saw h ... alive on ..... (Month) (Day (Year) TAGE tf LESS than and that death occurred on the date stated above, at ... 1 day, hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE Contributory (State or country) Secondary (Duration) 10 NAME OF FATHER 11 BIRTHPLACE 41, 1913 (Address) (OO) OTE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country In the ot death ..... yrs. ..... mos. .... ds. State Where was disease contracted. TRUE TO THE tt not at place of death? Former or usual residence OR REMOVAL 15 20'UNDER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necapplies to each aud every person, irrespective of age. ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write Nonc. of persons engaged in domestic service for wages, as (a) Spinner, been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupais very important, so that the relative healthfuletc. If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," engineer, (6)

pneumonia"); Lobar pneumonia; Bronchopneumonia CAUSING DEATH (the primary affection with respect to brospinal meningitis"); Diphtheria term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted ("Pneumonia," fever (the only definite synonym is Statement of cause of death-Name, first, the DISEASE of lungs, Typhoid unqualified, is indefinite): Tubercumeninges, peritonacum, etc., fever (never report "Epidemic ccre-(avoid use of "Typhoid Carcin-

> valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For VIO-



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SICIANS shoul PHYSICIANS RECORD PERMANENT Exact classified. 4 pinous INK-THIS properly AGE supplied. pe UNFADING may that 80 WITH terms, pinous plain = EATH WRITE ō 0 Item OF

certificate.

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Instructions

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Registered No fit death occurred to a hospital or Institution. give its NAME Instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SE 4 COLOR OR RACE MARRIED widowed 1 Care (Write the word) (Month) (Day) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) It LESS than TAGE and that death occurred on the date stated above, at 1 day, .... hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) Beneral nature of Industry. business, or establishment in which employed (or employer) ..... BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Address) 11 BIRTHPLACE FNT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL. SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) State ot death ...... yrs. ..... mos. ..... ds. Where was disease contracted. It not at place of death? Former or (Intermant) usual residence. PLACE OF BURIAL 15 29 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

, a material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. it should he used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can he known. The question who have no occupation whatever, write None. been changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from husiness, that fact may be indi-Never return "Lahorer," As examples: For persons "Foreman," (%)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICAPAL, OF HOMICIDAL, OF as probably mia," "PUERPEBAL peritonitis," etc. childhirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "lnanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 affection need not be stated unless important. The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," (nams origin; "Can-State cause for



15244

PLACE OF DEATH

Ballo

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

fif death occurred in -Ward) a hospital or institution, giva its NAME instead

of street and nomber.]

MEDICAL CERTIFICATE OF DEATH (Month) (Day I HEREBY CERTIFY. That I attended deceased from (Buration) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the State \_

DATE OF BURYAL

ADDRESS

strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an ness. Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations material weeked on may form part of the second statement. Never return "Laborer," "Foreman," additional line is provided for the latter statement; been changed or given up on account of the disease Grocery; (a) it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indivery important, so that the relative healthful-Farmer (retired 6 yrs.) For persons Foreman, (b) Automobile factory. The As examples: But in many (4)

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No. 1. ů

RECORD PERMANENT UNFADING INK-THIS IS. N. B.—Every item of information should be carefully supplied.

CAUSE OF DEATH in plain terms, so that it may be it certificate. important.

supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very See instructions on back

15245

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME Instead

2 FULL NAME Frank J. Payo	ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year)	that I last saw halive on
7 AGE if LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at 5 A. m. The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work.	Halined Cure
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country)  10 NAME OF	Contributory Secondary  (Ouration) yrs mos ds.
of 11 BIRTHPLACE PS. Q. Ray onoff	(Signed) M. D. M.
OF FATHER (State or country) Palls. C11-  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Balls, Cit.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) A C. Ray Ordy	Where was disease contracted, if not at place of death?  Former or usual residence
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
FILED / 19103 / Sill Guanay REGISTRAR	20 UNDERTAKER ADDRESS
	trar, 6 E. Franklin St., Balt, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-For many occupations a single word or term on the been changed or given up on account of the misease Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

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RECORD	PHYSICIANS of OCCUPAT
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
	Every ite CAUSE ( importan

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. give its NAME Instead of street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S SINGLE, 4 COLOR OR RACE 18 DATE OF DEATH MARRIED, WIDOWED, OROIVORCEO (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than 1 day hrs. OR ..... ? Chronie BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) 10 NAME OF / PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) If not af place of death? usual residence. 16 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

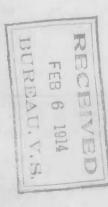
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second ness of various pursuits can be known. The question of persons engaged in domestic service for wages, as duties of the household only (not paid Housekcopers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b)Civil engineer, Stationary froman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin

nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of ibutory." (Recommendations on statement of Always qualify all diseases resulting from Mcasles "Senile," etc.), (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report cause for For vio-



RECORD PERMANENT classi properi supplied pe UNFADING certifica 0 ō back terms, 00 piain See Instructions Information 5 of Inform WRITE Item OF Important. Every It

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PLACE OF DEATH 15247 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in St:----Ward) a hospital or institution. give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH WIDOWED, Widsever (Month) (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Year) (Day 7 AGE It LESS than and that death occurred on the date stated above, at 1 day .....hrs. OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country State \_\_\_\_\_ yrs.\_\_ ... yrs. ..... mos. ..... ds. 14 THE ABOVE IS TRUE Where was disease contracted. If not at place of death? Former or usual residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

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20 UNDERTAKER

DATE OF BURIAL

Mar 16

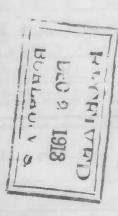
ADDRESS

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciness of various pursuits can be known. The question eated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

lesis of lungs, meninges, peritonaeum, etc., ("Pneumonia," unqualified, is indefinite): Tubercupneumonia"); CAUSING DEATH (the primary affection with respect to "Croup";) brospinal fever (the only definite synonym is "Epidemic eereterm for the same disease. time and causation), using always the same accepted Statement of cause of death-Name, first, the DISEASE meningitis"); Typhoid fever (never report "Typhoid Lobar pncumonia; Bronchopncumonia Diphtheria Examples: Cerebrospinal (avoid use of Carcin-

> uant neoplasms); Measles; Whooping cough; Chronic eause of death approved by Committee on Nomencla-"Contributory." mia," "PUERPERAL peritonitis," etc. eause. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstilial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS State MEANS OF INJURY and qualify us childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failurc," "Hacmorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asture of the American Medical Association.) sepsis, totanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State eause for Never report For vio-



OCCUPATION RECORD PERMANENT classi properly AGE NX supplied. pe UNFADING may certificate. of back termi should 00 plain Instructions Information \_ of Inform WRITE See Item OF mportant. Every It E

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1 PLACE OF DEATH 15248 STATE OF MARYLAND CERTIFICATE OF DEATH ltymore Registration Dist. No. If death occurred in Ward) a hospital or institution. give Its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED, WIDOWED, (Month) (Day (Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory... Secondary (Duration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE , 1912 (Address) Dr agus Itospelal OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

OF MY KNOWLEDGE

REGISTRAR

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

OR RECENT RESIDENTS) At place of death ..... yrs. .. State ... Where was disease contracted.

If not at place of death? usual residence

PLACE OF BURIAL

DATE OF BURIAL

20 UNDERTAKER

...., 191.... ADDRESS

If more blanks are needed, address State Registrar, o'E. Franklin St., Balto., Requesting V. S. No. 1.

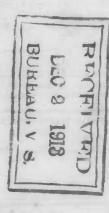


[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucas of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably snicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puenpenal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for Never report For vio-



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N. B.—Every item of information should be garefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

County Betto	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 33
VIIIage or City Ourige Mills (No. 1)	St; Ward) [If death occurred in a hospitat or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married Whole While On Divorces (Write the word) 6 DATE OF BIRTH  (Month) (Day) (Year)	18 DATE OF DEATH  (Month) 27 (Day) (Year)  17 I HEREBY CERTIFY, That Lattended deceased from 1913, to Cross 27, 1913, that I last saw h. 22 alive on NO 26M1 1913
TAGE  If LESS than 1 dayhrs. ORmin.?  Coccupation (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE	and that death occurred on the date stated above, at 12 a m, The GAUSE OF DEATH* was as follows:  (Duration) yrs. mos. 1 ds.  Contributory Machinery
State or country) Batto Co M 9  10 NAME OF FATHER PETER Rankiere  11 BIRTHPLACE OF FATHER (State or country) Germany  12 MAIDEN NAME OF MOTHER Flammah Ristner  13 BIRTHPLACE OF MOTHER Flammah Ristner  (State or country)	(Signed)
14 THE ABOVE IS TOUE TO THE BEST OF MY KNOWLEDGE  (Informant) Marinas J Scimmons  (Address) Ourings Mills Ma  16  Filed Nov 28, 1913 It makes	Where was disease contracted, If not at place of death?  Former or usual residence.  10 place of Burial or Removal Date of Burial  More Chaful Removy More 29, 1913  20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indicausing death, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as ficution, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulminc, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman," 9

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing deficient with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "Purerenal sopticharlnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "lleart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . Is less definite; avoid use of "Tumor" for maile-The contributory "PUERPERAL peritonitis," etc. tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Uraemla," "Weakness," (name origin; "Can-State cause for Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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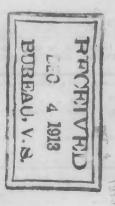
15250 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 31 [If death occurred in .....Ward) a hospital or lostitution. give its NAME instead of street and momber. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, 3 SEX 4 COLOR OR RACE november MARRIED. WIDOWED. Write the word I HEREBY CERTIFY, That I attended deceased from S DATE OF BIRTH 8. 191 3. to hovens (Month) (Day) and that death occurred on the date stated above, at 10 50 Pm 7 AGE If LESS than 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment to which employed (or employer) ..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Vecember 1, 191 3 (Address) 11 BIRTHPLACE ARENT (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) OF MOTHER (State or country) At place in the of death ..... yrs. .... mos. .... State yrs. \_\_\_\_ mos. \_\_\_ Where was disease contracted. MY KNOWLEDGE If not at piace of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, of E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," 9

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-bosis of lungs, meninges, peritonaeum, etc... Caroin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purappear scotichaecause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritic nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train—acci-LENT DEATHS State MEANS OF INJURY and qualify as -figart failure," "Haemorrhage," "Inanition," "Maras Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can The nature of the "Exhaustion," Examples:



V. S. No. 1.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Co	PLACE OF DEATH 15251  unty Baltinge  age or City Catourulle (No. 14 14)  2FULL NAME James Mr Sydn	STATE OF MAR CERTIFICATE OF Registration Dist. St.; Ward)	DEATH
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 51	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month)	29 ,1913 (Day (Year)
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I	attended deceased from
	Oful 1 , 1509 (Year)	that I last saw h alive on	, 191
TA	1 LESS than 1 day	and that death occurred on the date stated at the CAUSE OF DEATH * was as follows:	above, at 8,45Pm
(a)	Trade, profession, or Black swith	Right chest	
bus	Deneral nature of Industry, Iness, or establishment in ch employed (or employer)	Homecede (Duration) In	your host to do
9 BI	RTHPLACE (State or country) Canall Co Jud	Contributory	
	10 NAME OF See Squirell	(Signed) Frederik Laken	Lory Coverses
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Cauall Canad	*State the DISEASE CAUSING DEATH, OF	in deaths from Violen
PARE	12 MAIDEN NAME OF MOTHER (altrum 1953)	*State the DISEASE CAUSING DEATH, OF, CAUSES, State (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, I	
	13 BIRTHPLACE OF MOTHER (State or country) Howard Co	At place In the	yrs ds
	Informant) Cather D Squall	Where was disease contracted, If not at place of death? Former or usual residence	
15	(Address). Calounelle hid	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
File	od Ole 2 1913 marshall Blurst	20 UN DERTAKER Pye	Calonvelle
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Walto., Requesting V. S.	No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the pisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. etc., when a definite discase can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJUBY and qualify as cause. mus," "Old Age," "Shock," "Uraemia," "Wcakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) eause of death approved by Commlitee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State eause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 6 1913



V. S. No. 1.

PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

-	Ballimon (1)	CERTIFICATE OF DEATH
	unty	Registration Dist. No
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Male While Single, MARRIED, WIOOWED, OR ON OFFICE OF WITH the WORD)	(Month) (Day (Yes
6 D/	ATE OF BIRTH  Sept 5, 1566  (Month) (Day (Year)	that I last saw h www. alive on source 19
TAC		and that death occurred on the date stated above, at 5. A.  The CAUSE OF DEATH* was as follows:  Mierria Chronic
(b) bus whi	General nature of Industry,  General nature of Industry,  ness, or establishment in Tarish Work  ch employed (or employer)  RTHPLACE (State or country)  Yww York Cily	Contributory Ex Dealers Epelephicus Secondary
ENTS	10 NAME OF FATHER TO CULT. Jales Stehle  11 BIRTHPLACE OF FATHER (State or country) Germany	(Signed) Trank Filancery  (Signed) Trank Filancery  What At specific (Address) What Stope ma  *State the Disease Causing Death, or, in deaths from Violence Courses of the Course of the
PARE	12 MAIDEN NAME Philipina Hausel  13 BIRTHPLACE OF MOTHER (State or country) Lermany-	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOI CAUSES, state (1) MEANS OF INJURY; and (2) whether Acci TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS)  At place In the ot death yrs mos ds. State yrs mos
	(Interment) BUCONDS MA HORE REPORTS  (Address) MA HORE MA	Where was disease contracted, Sun York City  If not at place of death?  Former or usual residence. Fun York City  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1 6 FIII		Stron Gorfe Cely. 100 64. 19

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second "Mauager," "Dealer," etc., without more precise speci-'(a) Spinner, (b) Cotton mill; (a) 'it should be used only when needed. As examples: statement. Never return "Laborer," Grocery; (a) Foreman, (b) Automobile factory. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laboreradditional live is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons Salesman, The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin

childbirth or miscarriage as "Puerperal septichae-mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cau-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acei-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion,"



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Very 10 pinous OCCUPATION PHYSICIANS RECORD ō statement PERMANENT EXACTLY ciassified. pinode properly supplied. be may certificate. = that 80 0 be back terms, 6 plain instructions Information = DEATH WRITE jo Item Every item CAUSE OF important.

15253 STATE OF MARYLAND CERTIFICATE OF DEATH Ballo Registration Dist. No. It death occurred in St :----Ward) a hospital or Institution. give its NAME lostead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE WIDOWED Marrie (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Day) If LESS than 7 AGE and that death occurred on the date stated above, at C. t day .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or (b) General nature of Industry. business, or establishment in which employed (or employer) -----Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF (Address) (Miner 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State ..... yrs, \_\_\_\_ mos. Where was disease contracted. It not at place of death?. Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DAJE OF BURIAL 15 RECISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Fublic Health Association.]

\*(a) Spinner, (b) Cotton mill; (a) Salesman, cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation bas Housewife, Housework, or At Home, and children, not the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative leaithful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease causino disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). The disease displays the same disease displays the same disease. Examples: Cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Typhoid fever (never report "Typhoid ("Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "Purreran septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accimia," "PUERPEBAL peritonitis," etc. State cause for "Collapse." "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis, zer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned sucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 ds.: usat neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Convulsions," "Debility" ("Con-"Dropsy," (name origin; "Can "Exhaustion," Never report Examples: For vio-

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DEC 4 1912



PERMANENT RECORD 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

PLAGE OF DEATH 15254	STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
County	Registered No. 35
Village or City Claves Poad (No.	St; Ward)  [if death occurred a hospital or institution give its NAME loster of street and nomber.]
FULL NAME Sausa de	))wen.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Florale While Saingle, Married, Wissower, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
J   938   (Month) (Day) (Year)	at deffection from the standed decessed from the deffection of the standed decessed from the sta
7 AGE  11 LESS than 1 day,hrs. ORmin.?	and that desth occurred on the date stated above, at 10 m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment to which employed (or employer)	(Ouration) Englander of
BIRTHPLACE (State or country) Maryland	Contributory(Secondary)  (Duration) yrsmosds
10 NAME OF AN Radduk	(Signed) , M. D
OFFATHER (State or country) Hame	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Dank Know  13 BIRTHPLACE OF MOTHER (State or country)  Daph Know	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the of death
(Informant). I show Sutch	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) Cover Losal  Filed Nor. 8 1913 Hurry a. Waylor	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	20 UNDERTAKER // ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6, yrs.). For persons duties of the household only (not pald -Housekcepers (a) Spinner, (b) Sotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the diberals causing death—Name, first, the diberals causing death—Name, first, the diberals causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dibermonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc.. Carein-

LENT DEATHS State MEANS OF INJURY and qualify as ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." (Recommendations on statement of sensis, tetanus) may be stated under the head of such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerpenal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasthenla," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ample: *Meastes* (disease causing death), 29 nant neoplasms) : Measles; Whooping cough; Chronio oma. Sarcoma. etc., of injury, as fraeture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mailg The contributory Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (secondary or intercurrent) \_\_ (name origin; "Can Examples: For vio-

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DEC 4 1913



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state of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should bEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH CAUSE OF Important. S

PLACE OF DEATH 15255

County Baltimore

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

V	illage or City Colgate (No. 1.	Tifet are st; war	d) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
a SE	Leaves A	16 DATE OF DEATH  (Month)  17 I HEREBY CERTIFY, That	(Day), (Year)  I attended deceased from
6 D	(Month) (Day) (Year)	that I last saw h allve on No	2 1e1, 3 Y
TAG	T / yrs. // mos. 23 ds.   It LESS than 1 day, hrs. or min. ?	and that death occurred on the date state. The CAUSE OF DEATH* was as follows:	d above, at A. M. M., m,
(a) pai (b) bus	OCCUPATION  Trade, prefession, or  rticular kind of work  General nature of industry, liness, or establishment in  Ich employed (or employer)	Schoust (Ouration)	yrsmos./ 4 ds.
	IRTHPLACE (tate or country) And,	(Secondary) (Duration)	2 yrs mos os.
S	10 NAME OF abel Tarbent	(Signed) (Address) Elland	are Y O'D mull BY
11 BIRTHPLACE  COFFATHER  (State or country)  12 MAIDEN NAME  OF MOTHER  OF MOTHER  OF MOTHER		*State the DISEASE CAUSING DEATH, or CAUSES, state (1) MEANS OF INJURY; at TAL, SUICIDAL, Or HOMICIDAL.	In deaths from VIOLENT
PAI	13 BIRTHPLACE OF MOTHER (State or country)		, Institutions, Transients,
141	(Informant) A Sophiesma Varbeit	Where was disease contracted, It not at place of death?  Former or usual residence	
16	(Address) leolegate Mi	Oak Lawn Cemetery	Nov. 10 ,1913
FI	197 BIM TEMALIAN REGISTRAR	20 UN DERTAKER Girkler + Girkler	ADDRESS 3204 O'Dormell
=	and the same and the same same same same same same same sam	O TO THE SA DALL BARRETT W	No. 1

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary, may be entered as mine, etc. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) injury, as fracture of skuii, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Strack by railway train-acctsuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puesperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State canse for Never report Examples: For VIO-



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#### 1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Cou	nty		********	U		Registe	red No. 32,
VIII	211			.1	Prinson an Taylor	. St.; War	[If death occurred to a hospital or institution, give its NAME instead of street and number.]
	PERSO	NAL AND STATISTI	CAL PARTICULA	ARS .	MEDICAL	L CERTIFICATE	OF DEATH
3 SEX	nale	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, ORGIVORCED (Write the WOI	ravised	16 DATE OF DEATH	(Month)  SY CERTIFY, That	(Day) (Year)
6 DAT	E OF BIRT	(Month	(Day)	, 1838 (Year)	that I last saw h	_	1913
7 AGE	00007880	75 m -	mosds.	if LESS than 1 day,hrs. ORmin.?	and that death occurred The CAUSE OF DEATH*		d above, at 1,34, m.
(a) Tr partic (b) 60 busines which	cupation rade, profession cuiar kind of we eneral nature (ss., or estable employed (or the place te or country)	ork	***************************************	<b>T</b> _	Contributory Av.	Couration)  Frie Scle	yrs mos ds.
ENTS	NAME OF FATHER OF FAT (State or 12 MAIDEN	Richard O ACE HER COUNTRY) MA	regland		(Signed), 191, 191	(Address)  Causing Death, or ins of Injury; as	, In deaths from Violant and (2) whether Acciden-
14 <sub>TH</sub>	OF MOTO (State or control of Motor (State or control of Motor (State or control of Motor of M	ACE HER Country) Man	T OF MY KNOW	Taylor	At place	In the State	B, INSTITUTIONS, TRANSIENTS, yrs, mos, ds.
	(Address)	Truncol	in allu	yton, la	19 PLACE OF BURIAL O	REMOVAL	DATE OF BURIAL

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REGISTRAR

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 13 all wild.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

losis of lungs, meninges, peritonaeum, etc.. pneumonia"); Lobar pneumonia; Bronchopneumonia term for the same disease. Examples: Cerebrospinal causing death (the primary affection with respect to brospinal fever (the only definite synonym is "Epidemic ceretime and causation), using always the same accepted ("Pneumonia," Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria Typhoid unqualified, is indefinite); Tubercufever (never report "Typhoid (avoid use

> cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conby carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart diseasc; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgture of the American Medical Association.) Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Examples: For vio-

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DEC 4 1913



MARGIN RESERVED FOR BINDING

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N. B.

RECORD PERMANENT classified. properly AG supplied. be DING may 80 90 back terms, of Information s DEATH in plain See Instructions plain CAUSE OF Important.

LAGE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. fit death occurred in .Ward) a hospital or institution, give its NAME instead ot street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Dav) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) 7 AGE IN LESS Han and that death occurred on the date stated above, at DEATH\* was as follows: BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) Contributory State or country) (Secondary) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death State ..... yrs. .... mos. .... ..... yrs. ..... mos. ..... ds. Where was disease contracted It not at place of death? Former or usuai residence. 19 PLACE OF BURNAL OR REMOVAL DATE OF BURIAL 15 , 191 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoses

such, if impossible to determine definitely. mia," "Tuerperal peritonitis," etc. childbirth or miscarriage, as "Purereral septichae. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla scpsis, tetanus) injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-"Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephrttis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as Sarcoma. etc., of \_\_\_\_\_\_ (name origin; "Can is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Examples:



S. No. 1.

m. ż

Every Item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT PLAINLY, WITH UNFADING INK-THIS IS

RECORD

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME Instead

FULL NAME John Jak	sou	***************************************	ot street a	and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICA	L CERTIFICATE (	OF DEATH	
3 SEX 4 COLOR OB BACE 5 SINGLE, MARRIED, MARRIED, WIDOWED.	16 DATE OF DEATH	11	15	, 191.3
Mule Mile (Write the word)		(Month)	(I)ay	(Year)
6 DATE OF BIRTH	17 I HEREB	Y CERTIFY, That	I attended de	ceased from
(1.1.27		191, to		, 191,
(Month) (Day (Year)	that I last saw h	alive on	*****************	, 191
7 AGE It LESS than	and that death occurred	on the date state	d above at	-
2 yrs 3 mos 9 ds. OR min.?	The CAUSE OF DEATH		a abore, at	/
8 OCCUPATION (a) Trade, profession, or				
particular kind of work	11 orver	UVME	white	
business, or establishment in which employed (or employer)		(Duration)	yrsn	nosds.
9 BIRTHPLACE (State or country)	Contributory	/		• = 0.0 0 0 0 m 0 0 0 0 0 0 0 0 0 0 0 0 0 0
10 NAME OF CASAL TOLONO	(Signed)	Man.	eller	nosds.
11 BIRTHPLACE OF FATHER (State or country)		(Address)Lea	jone	2~
M 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSES, state (1) ME TAL, SUICIDAL, OF HOM	ANS OF INJURY: 8	r, in deaths fro	om VIOLENT er Acciden-
13 BIRTHPLACE	18 LENGTH OF RESIDER OR RECENT RESIDENTS	NCE (FOR HOSPITALS	, Institutions,	TRANSIENTS,
OF MOTHER (State or country) Bull Cely	of death yrs mos	s ds. State	yrs,	mos, ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at piace of death?			
(informant)— They	Former or usual residence	**************************************	***************************************	
(Address) Calgula	19 LACE OF BURIAL O	R REMOVAL	PATE OF B	URIAL
16 May 18 11 8 11 9 9 11 11	26 N'NDERTAKER	Verietary	ADDRESS	/<3, 191
Filed 1910 1910	12 to 2	-00.	ADDRESS	1 -

If more blanks are ueeded, address State Registrar, 6 E. Frankliu St., Ralto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second statement. mine, etc. fication as Day laborer, Farm-aborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The additional live is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarrlage as "Puerperal septichaegenital," "Seulle," etc.), mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," For vio-

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RECEIVED
DEG 10 1918
BURBAU, V.S.

15259	
1 PLACE OF DEATH	STATE OF MARYLAND
PLACE OF DEATH	CERTIFICATE OF DEATH
Gounty Gounty	Registered No. 38
Village or City Govard Vo	St; Ward)  [It death occorred in a hospital or institution give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  SEX  COLOR OF RACE  Wilder  Wilder  White the word)  B DATE OF RIBTH	16 DATE OF DEATH 200 10 . 191.3
Male white (write the word)	(Month) (Day) (Year)
8 DATE OF BIRTH	March 1912, to June 10 1913
	that I last saw ham alive on 200 9 1913
7 AGE 11 LESS than	and that death occurred on the date stated spove at
69 yrs. 2 mos. 21 ds. OR. min.?	The CAUSE OF DEATH* was as follows:
6 OCCUPATION (a) Trade, profession, pr	cortic Inefficiency
(a) Trade, profession, or particular kind of work.	
(b) General nature of industry, business, or establishment in	- / E
which employed (or employer)	(Buration) / yrs O mos ds
(State or country) Never a Bolt	(Secondary)
10 NAME OF A	(Duration)
FATHER Jacob Vance	(Signed) SOUS Course M. D.
11 BIRTHPLACE OFFATHER (State or country) Balto Co	hor 11 , 1913 (Address) govares sud
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
M 12 MAIDEN NAME OF MOTHER AL	TAL, SUICIDAL, OF HUMICIDAL.
13 BIRTHPLACE	1.8 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Balto (	At place in the ot death yrs, mos ds. State yrs, mos ds.
14 THE ABOVE IB TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Informant) Henry Nievel	If not at place of death?
Y. P. P. J. C. I non	usual residence.
(Address) funk it a finden ws	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
11/12 2010100	20 UNDERTAKER ADDRESS 502
Filed 1918 Count Ominh Mix Sural REGISTRAR	William God & Not
If more blanks are needed, address State Registr	ar, 6 E. Franklin St., Balta, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Lahorer," "Foreman," it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative heaithfulcated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. For many occupations a single word or term on the who have no occupation whatever, write None. heen changed or given up on account of the DISLASE Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the

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such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Pursperal septichacetc., when a definite disease can he ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligscpsis, tctanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENI DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhanstion, mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 de.; oma. Sarcoma. etc., of ... cause of death approved by Committee on Nomencla "Contributory." ture of the American Medical Association.) The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report

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DEC 4

18/3



MARGIN RESERVED FOR BINDING

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

Village or City County No. To Chrustian	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No
²FULL NAME	800-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white the word	16 DATE OF DEATH (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH 2 May 9 1849  (Month) - (Day (Year)	191 to 191 that I last saw h alive on 191
7 AGE  When the second of the	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in argument we work.	Drowning
which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF  Thus  1 Thu	Contributory Secondary (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER OF FATHER	(Signed) Allander , M. D. Torlo, 1913 (Address) Lordner
(State or country)  12 MAIDEN NAME OF MOTHER  (State or country)  12 MAIDEN NAME OF MOTHER  Votania	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	or RECENT RESIDENTS) At place In the of death yrs mos ds Where was disease contracted,
(Informant)	If not at place of death?  Former or usual residence.
(Address).  16 Filed My 1949 30 16 M. Connadar	19 PLACE OF BURIAL OR REMOVAL  2334 Efferse St. 191.  30 UNDERTAKER  ADDRESS  133 4 April 191.
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

,"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second gainfully employed, as At school or At home. who receive a definite salary), may be entered as minc, etc. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

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Official de Ou Miles

a, Sarcoma, etc., of...... (name origin;

nant neoplasms); Measles; Whooping eough; Chronic childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inamtion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICILL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Semile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report

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state Very

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PHYSICIANS

stated EXACTLY.

should be

AGE

carefully supplied. may

DEATH in plain terms, so that it m See instructions on back of certificate.

of information should

CAUSE OF important.

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RECORD

of OCCUPATION is

properly classified. Exact statement

No. 1. vî.

1 PLACE OF DEATH

County....

15261

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

[It death occurred in a hospital or institution, give Its NAME Instead of street and number.]

ADDRESS

	2FULL NAME Gawaro 71 a	cnc
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Tale Black Single, Married widower, or pivorecto (Write the word)	16 DATE OF DEATH Nov. S 191.3 (Month) (Day (Year)
6 D	ATE OF BIRTH Dont Know	17 I HEREBY CERTIFY, That I attended deceased from 1912, to 722  that I last saw here alloe on According 1913.
7 A	(Month) (Day (Year)  GE   If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 15 Pm The CAUSE OF DEATH* was as follows:
(a pa (b) bus wh	Occupation ) Trade, profession, or Farm Laborer riticular kind of work. ) General nature of industry, siness, or establishment in ich employed (or employer)  IRTHPLACE (State or country) Ballutione Co. This	Contributory Angua Beclery
STNI	11 BIRTHPLACE OF FATHER (State or country) Don't Knows	(Signed) (Ouration) yrs mos ds.  (Signed) , M. D.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PARE	13 BIRTHPLACE OF MOTHER (State or country) Don't Know-	CAUSES. State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the
	(Informant) Jing gill Mildel Mildel (Address) Cochegorica multiple and Mildel M	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

"(a) Spinner, (b) Cotton milt; (a) Salesman, statement. dutles of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged lu domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons retnrn "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carein-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convnlsions," "Debility" ("Congenital," "Seuile," etc.), "Dropsy," "Exhanstion," thenia," "Anaemla" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, snch as "Asample: Meastes (disease cansing death), 29 ds.; "Contributory." by carbolic acid-probably suicide. The nature of the Aceidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Maras-Bronehopneumonia (secondary), 10 ds. ture of the American Medical Association.) canse of death approved by Committee on Nomencia sepsis, tetanus) injnry, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of "PUERPERAL septichae Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 4 19



PERMANENT 4

No.

state N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

Co	PLACE OF DEATH 15262	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No
Vi	11ago or City Gevans (No. All 2 FULL NAME Louis Wan	mysten ave St; Ward)  Prear monroe St, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Male Acoloror RACE 5 MARRIED Married	16 DATE OF DEATH HOY 6 th (Day), 1913. (Month) (Day) (Year)
8 DA	THE OF BIRTH July 27 th, 1884	17   HEREBY CERTIFY, That I attended deceased from  June 1913, to 20 8 1913,  that I last saw h we alloe on 20 7 1913
7 AG	(Mon/h) (Day) (Year)    If LESS than   1 day,hrs.   0 ormin. ?	and that death occurred on the date stated above, at
(a) pari	Trade, prefession, or Pile Litter	Julmonary Tubercu lasia
busir	General nature of industry, ness, or establishment in ch employed (or employer)	Contributory & Laws Line mos. ds.
(St	RTHPLACE ate or country) Md	(Secondary) (Duration) yrsmosds.
	10 NAME OF SEO, C. Manken	(Signed) & M. D. Nor 8 7, 1913 (Address) Yoraus, Med.
PARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PAR	of Mother Eva E. Stirckener	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA)
	13 BIRTHPLACE OF MOTHER (State or country)  State or country)	At place In the of death yrs mos ds. State yrs, mos ds. Where was disease contracted,
	(Informant) IN THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or  usual residence
15	(Address) allingtin by rear of	Presbyterian been vans Mer 16, 191 3
File	ed 11/10 , 191 3 Claud Smuch to	Philip Herry Olleans
	If more blanks are needed, address State Registra	ir, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specinaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has Farmer or Planter, For persons

Causing death—Name, first, the disease of death—Name, first, the disease causing death—Name, first, the disease causing death of the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies of lungs, meninges, peritonaeum, etc.. Carcinologies

sepsis, tetanus) may be stated under the head cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convuisions," "Deblity" ("Convalvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purreral septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:

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DEC 4 1913

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RACKIVED

EUREAU, V.S.

	RECORD	PHYSICIANS of OCCUPA
No. 1. MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN: CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP/Important. See instructions on back of certificate.
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S should state

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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

....Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	TE DATE OF DEATH 2001, 18, 1913  (Month) (Day (Year)
6 DATE OF BIRTH  700. 11 ,1551	17 I HEREBY CERTIFY, That I attended deceased from Cel. 29, 1911, to 2007, 1915, that I last saw h alive on 2007, 17, 1913
7 AGE (Month) (Day (Year)  1 LESS than 1 day,hrs. 0Rmin.?	and that death occurred on the date stated above, at 8.55 A.m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry.	Hypostali Tremena
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  ONAME OF	Contributory Carrie Fuler Well Hell Secondary  (Buration) 3 yrs mos ds.  (Signed) Annualy
Of FATHER (State or country)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Radial Jans  13 BIRTHPLACE OF MOTHER (State or country) Carriel Ce. Yeld  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death yrs, mos, ds. State yrs, mos, ds  Where was disease contracted,
(Informant) Somerach Water (Address) Ours miles mil	if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 2
Filed Nov. 19 1813 17 mslade	Drud Redge 200 1913  20 UNDERTAKER  ADDRESS

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," ctc., without more precise specithe nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (7)

Statement of cause of death—Name, first, the nisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculces of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Canmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debillty" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemin," "Weakuess," Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," State cause for Never report

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1913



stated EXACTLY. AGE WRITE PLAINLY, WITH of information DEATH in plai

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PHYSICIANS shou

Exact statement

properly classifled.

See Instructions

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N. B.-Every Item CAUSE OF Important.

No.

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RECORD

PLACE OF DEATH 15264  Gounty Baltimore  Village or City St. Agree Newspital  PLACE OF DEATH 15264  County Baltimore  Village or City St. Agree Newspital	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [If death occurred in a hospital or iostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED Write the word Widowed	16 DATE OF DEATH  (Month)  (Day  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day (Year)  1 8 7 3 (Year)  1 4 0 yrs mos ds. OR min.?	that I last saw have allye on
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	Searchann of Generale of grande of grand of Generale o
9 BIRTHPLACE (State or country) M. Carolina	Contributory Genation Shock Secondary (Duration) yrs mos / ds.
OF FATHER  11 BIRTHPLACE OF FATHER (State or country) Do not know  12 MAIDEN NAME OF MOTHER	(Signed) Servy J. And M. D.  N. D.  N. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentally, Suicidal, or Homicidal.
of MOTHER Do not know  13 BIRTHPLACE OF MOTHER (State or country) Do not know	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death

20 UNDERTAKER ADDRESS

DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. statement. material worked on may form part of the second who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (b)

Statement of cause of death—Name, first, the disease causing nearin (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeinus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgcnital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Courulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or Intercurrent)

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No.

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PLACE OF DEATH 15265	STATE OF MARYLAND
County Baltimore / 0	CERTIFICATE OF DEATH
Village or City Bengue (No	St; Ward)  [if death occurred in a hospifal or institution give ifs NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, MASSIED WIOWED, ORDIVORCEO (Write the word)	(Month) (1/23) (Ital)
6 DATE OF BIRTH Soul 1 34 , 1867.	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day) (Year) 7 AGE if LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  Manual and	Causes  Nast failur (Buration) yrs mos ds.  Contributory (Secondary)
10 NAME OF FATHER Walkinson Wilkinson  11 BIRTHPLACE OF FATHER (State or country) Mary land	(Signed) Frank F Funda Coroses.  (Address)
12 MAIDEN NAME Murcussal Gregg OF MOTHER  13 BIRTHPLACE OF MOTHER  14 MAIDEN NAME MURCUSSAL GREGG  15 BIRTHPLACE OF MOTHER	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL. SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the
14 THE ABOVE IS TRUE TO THE SEST OF MY KNOWLEDGE (Informant) Louise Wilkinson	of death yrs, mos ds. Sfate yrs, mos ds. Where was disease contracted, if not at piace of death?
(Address) Bingues Md  15 Filed Mr 26, 1913 AW Harrison July REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  RATE OF BURIAL  20 UNDERTAKER  RADDRESS  AUTOMATICAL  PARTE OF BURIAL  RATE OF BURIAL
REGISTRAR  If more blanks are needed, address State Registrar, 6 E	Franklin St., Bilto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not mine, etc. the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcinoscipality (Carcinoscipality); Carcinoscipality (Carcinoscipali

ture of the American Medical Association.) cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," valvular heart disease; Chronic interstitial nephritis nant neopiasms); Mcasles; Whooping cough; Chronic "Contributory." dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (disease causing (name origin; "Candeath), 29 Examples: For vio-

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DEC 4 1913



B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT BINDING PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN WRITE V. B. No. 1.

ż

PLACE OF DEATH

County Baltimon 15266	STATE OF MARYLAND CERTIFICATE OF DEATH			
	Registered No.			
	S. Cliriton St; Ward)  [if death occurred in a hospital or institution give its NAME instead of street and number.]			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
Female While (Write the word)	16 DATE OF DEATH  (Menth)  (Month)  (Tear)  17  [HEREBY GERTIFY, That I attended deceased from			
G DATE OF BIRTH   Tel.  (Month)  (Day)  (Year)	17 I HEREBY GERTIFY, That I attended deceased from  1913, to 1913 that I last saw has alive on 1913			
7 AGE If LESS than t day, hrs. or min.?	and that death occurred on the date stated above, at 10 30 P.m. The CAUSE OF DEATH* was as follows:			
(a) Trade, protession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	(Doration) yrs. mos / 7 cs.			
State or country) Maryland	Gontributory (Secondary)  (Doration)  (Doration)  (Doration)  (Doration)  (Doration)			
FATHER John Tenlein  11 BIRTHPLAGE OF FATHER (State or country) Lemany  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) , M. D.			
13 BIRTHPLACE	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  A1 place			
OF MOTHER (State or country) Maryland  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Denna Williams	of death yrs, mos. ds. State yrs, mos. ds.  Where was disease contracted,  If not at place of death?  Former or  usual residence			
(Address) 2/19 S. Clinton  16 Filed M. 3 1913 M. Clinton	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  W. Garmel Cemetry Nov. 23, 1913  20 UNDERTAKER ADDRESS			
If more blanks are needed, address State Registrar	Girkler & Girkler 320 x O'Donnell, r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.			

[Approved by U. 8. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciniaterlai worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. For many occupations a single word or term on the Scrvant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Never return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Inary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrobrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage as "Purrperal scottchac-mia," "Purrperal peritonitis," etc. State cause for scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver seound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Ileart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of \_\_\_\_\_\_\_ (name origin; "Cancer" is iess definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) The contributory "Old Age," "Shock," "Uraemla," "Weakness," Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)

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BINDING

RESERVED FOR

	PLACE OF DEATH	STATE OF MARYLAND
	15267	CERTIFICATE OF DEATH
Co	unty Ball more 60	Registered No. 3A.
	11 11	
Vi	liage or City Havelton (No,	St; Ward) [It death occurred in a hospital or institution,
	1	give its NAME instead of street and oumber.]
	* FULL NAME basolina /	ifter halls
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	S CINCLE (	16 DATE OF DEATH promises 2 rd 1913
4	1. 1. WIDOWED, Vacantes	(Month) (Day) (Year)
/ '	male While (Write the word)	17   HEREBY CERTIFY, That I sttended deceased from
6 D/	ate of BIRTH 21 may 1848	Botole 26, 1913, to hor 2 - 1, 1913.
	(Month) (Day) (Year)	that I last saw he allve on hovembe 2, 1913
7 AG	(Month) (227)	and that death occurred on the date stated above, at
-	1 day,hrs.	The CAUSE OF DEATH* was as follows:
	0 ) yrs. 9 mos. // ds.   ORmin. ?	apoplexy beoblack
	Trade, profession, or One of Xunal to	3 d 26 to 200- 2 - 1913
par	ticular kind of work 1 1 1 2 1 2 1 2 1 2 1 2 2 2 2 2 2 2 2	V
(b) busi	General nature of industry, ness, or establishment in	(Duration)yrsmos. & ds.
whi	th employed (or employer)	Contributory Paralysis
9 BI	RTHPLACE (ate or country)	(Secondary)
	any any	(Ouration) yrs mos 2 ds.
	10 NAME OF FATHER a dam Doell	(Signed) 5. 6. 2. 09 , M. 0.
S	11 BIRTHPLACE	205-224, 1913 (Address) Hamilton 4
ARENT	OF FATHER (State or country) Semanay	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT
RE	12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
PA	OF MOTHER FINOLONICA TRUZO	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE	At place In the
	(State or country) Gen any	of death yrs mes, ds. State yrs, mos, ds, Where was disease contracted,
147	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place et death?
	(Interment) black Browns	Former of usual residence
	how yale but hey	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	(Address)	mant Carme Centry Mar 4 th 191 8
7711	11/3 1013 Claved Draw black	20 UNDERTAKER ADDRESS
Fil	REGISTRAR	Grove I. Haut 1735: Harles
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
		()

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salcsman, Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, pertionaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "PUERFERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Meastes (disease causing death), 29 ds.; "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of etc. (name origin; "Can-State cause for Never report Examples: FOI VIO-

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PHYSICIANS should state of OCCUPATION is very RECORD PERMANENT DEATH in plain terms, so See instructions on back of CAUSE OF Important. S 1 PLACE OF DEATH 15268

County Bultimore

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Highlandtown Village or City

Clinton

St.;----Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

Chester Wolf FULL NAME...

	PERSO	NAL AND STATISTIC	CAL PARTICULA	ARS	MEDICAL CERTIFICATE OF DEATH
3 si	le le	4 COLOR OR RAGE White	5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the Wo	ngle	16 DATE OF DEATH 30 ,1913 (Month) (Day (Year)  17 0 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRT	H March	25th	I909	Sold 29° 1913 to Non 30° 1913 that I last saw h Ulm' slive on Nov 20° 1913
TA	G E		mos5ds.	If LESS than t day,hrs.	and that death occurred on the date stated above, at
(a) pa (b) bus wh	10 NAME OF FATHER	ork	County		Contributory O'edema Erlandian  Secondary  (Duration) yrs mos ds  (Signed) (Duration) yrs mos ds  (Signed) , M. D.
PARE	12 MAIDEN OF MOT 13 BIRTHPL OF MOTH (State o	ACE HER COUNTRY) Gen	Bider	,	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents)  At place in the of death yrs, mos, ds
	(lotormant)	s true to the bes Marie	Wolf	LEDGE	Where was disease contracted, If not at place of death?  Former or usual residence
16 Fil	(Address)	8II S (	Clinton S	Tutilian REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  Schwartz Dec I st 196  20 UNDERTAKER ADDRESS J. Herwig & Co 2008 Orleans

If more blanks are needed, address State Registrar E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked ou may form part of the second cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Falm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an cssary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. boen changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

icsis of lungs, meninges, peritonaeum, etc., causing death (the primary affection with respect to Pneumonia"); Lobar pneumonia; Bronchopneumonia term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted ("Pneumonia," "Croup";) fever (the only definite synonym is Statement of cause of death-Name, first, the DISEASE meningitis"): Diphtheria Typhoid unqualified, is indefinite): Tubercufever (never report "Typhoid "Epidemic cere-(avoid use Carcin-

> uant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of..... (name origin; "Can LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection ueed not be stated unless important. valvular heart disease; Chronic interstitial nephritis. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. cause. "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 (Recommendations on statement of State cause for "Exhaustion," For vio-

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No. 1.

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PHYSICIANS should state of OCCUPATION is very RECORD properly classified. Exact statement PERMANENT stated EXACTLY. UNFADING INK-THIS IS AGE -Every item of information should be carefully supplied. CAUSE OF DEATH in plass terms, so that it may be important. See Instructions on back of certificate. WRITE PLAINLY, WITH N. B.-

15269 Sor City Fulleston

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

 SI	 *************	W	ar	d)

[If death occurred in

	FULL NAME Fredericka M	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	exale Hute   5 single, Married, Wiooweo, Orbivorce (Write the word)	16 DATE OF DEATH W O 191 (Year)
	(Month) (Day (Year)	that I last saw h alive on 191
7 AGE  1 If LESS than 1 day, hrs. 0 min.?		and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)		Circa (Duration) yrs mos ds
_	RTHPLACE (State or country.) Germany	Contributory Secondary
TS	10 NAME OF FATHER Karl Jugt	(Signed) (Duration) yrs mos ds.
PAREN	OF FATHER (State or country) Yermanuf  12 MAIDEN NAME 9  OF MOTHER	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place In the of death yrs, mos, ds.  State yrs, mos, ds.
(Informant) The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease contracted, If not at place of death?  Former or usual residence
16 Fil	RÉGISTRAR	St. Peters Cornelery 200 12 181 P.  20 UNDERTAKER FINANCE FULLETTO MA
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in mauy Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know first line will be sufficient, c. g., For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, "Foreman," (6)

lesis of lungs, meninges, peritonaeum, etc., pneumonia"); brospinal meningitis"); Diphtheria fever (the only definite synonym is "Epidemic cereterm for the same disease. time and causatiou), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," unqualified, is indefinite): Tubercu-"Croup";) Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid Lobar pneumonia; Bronehopneumonia Examples: Cerebrospinal (avoid use of Carcin-

> ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the genital," "Seuile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Iuanitiou," "Maras Bronchopneumonia (secondary), 10 ds. Never report is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of State cause for "Exhaustion," For vio-

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DEC 5 1913



	PA
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA1 important. See instructions on back of certificate.
Ü	YSI
2	Ho
F	ent.
E	TE
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. T. O. T.	Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it mimportant. See instructions on back of certificate.
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15270 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Gounty..... Registered No..... It death occurred la .....Ward) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day) ORDIVERCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 17 6 DATE OF BIRTH . 191 3. to Que visi (Month) (Day) (Year) If LESS than TAGE and that death occurred on the date stated above, at 1 day, hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Buration) which employed (or employer) ..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death ...... yrs. ..... mos. ..... ds. State ..... yrs. .... Where was disease contracted, 14 THE ABOVE IS It not at place of death? Former or (Intermant) usual residence. (Addrés: 15 20 UNDERTAKER REGISTRAR if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: For persons "Foreman," (d)

losis of lungs, meninges, peritonaeum, etc... pneumonia"); "Croup"); Typhoid time and causation), using always the same accepted brospinai meningitis"); Diphthcria fever (the only definite synonym is term for the same disease. Examples: Cercbrospinal causing death (the primary affection with respect to ("Pneumonia," unqualified, is indefinite); Tubercu-Statement of cause of death-Name, first, the DISEASE Lobar pneumonia; Bronchopneumonia fover (never report "Typhoid "Epidemic cere-(avoid use

> ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. such, if impossible to determine definitely. childbirth or miscarriage, as "Puerperal scptichaeby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Con-Accidental drowning; Struck by railway train-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for mally The contributory (secondary or Intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Candeath), 29 State cause for "Exhaustion," Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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